## **Recovery/ Support Plan**

Name:	Grade:	Date:		
Step 1:	Warning signs (thoughts, images, mood, developing: How does your body feel?	situations, behavior) that a crisis may be What are the thoughts in your head?		
1.				
2.				
3.				
Step 2:	Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):			
1.				
2.				
3.				
Step 3:	People and social settings that provide of	listraction:		
Name:		Phone:		
Name:		Phone:		
Place:		Place:		
Step 4:	People whom I can ask for help: At Hom	ne and At School		
1. Name	:	Phone:		
2. Name	: (Adult)	Phone:		
3. Name	: (Adult)	Phone:		
Step 5: Professionals or agencies I can contact during a crisis:				
Therapist	Name:	Phone:		
Emergency Contact #:				
Maine Crisis Services—1-888-568-1102				
Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)				
Contact Police: 911				
Step 6:	Making the environment safe:			
1.				
2.				

Staff Signature:	Date	Review Dates:
(MH/Counselor)		
Student Signature:	Date	
Parent/ Guardian:	Date	