School Safety Plan for Self-Injury

Student Name:					
Parent/Guardian Name:		Phone #:			
It has been determined that student h	nas recently self-inju	ured without suicidal intention.			
School Social Worker		Date/ Time			
intention of suicide and not consisten	t with cultural expe	tentionally inflicting damage to one's ov ctations or norms. Self-injurious behavi on is struggling to cope with overwheln	or is a reflection of		
Cutting is the most common form of rinjure.	non-suicidal self-inju	ry, accounting for approximately 70% o	of people who self-		
 Other Types of self-injury: cutting or burning their skin punching or hitting themselves poisoning themselves with tablets or toxic chemicals 		 misusing alcohol or drugs excessively exercising deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa) 			
Details of Plan:					
Teacher must call ahead to stude	nt services/front of	fice and advise of restroom break.			
Student must use the designated	restroom (Location	:)			
Student is subject to a search of t	heir belongings (i.e.	pockets, backpack, lunchbox) by an Ad	ministrator or designee		
Student must write with utensils	that are deemed di	fficult to cause bodily harm (i.e. marker	s, crayons, chalk)		
Other					
Other					
This plan will be reviewed everyschool year.	weeks by School	Social Worker and is active for the rem	ainder of the		
Student Signature	 Date	Parent Signature	Date		
Student Services Representative	 Date	Discipline Representative	Date		
Administrator	 Date				

Notes:		