

My name & number is _____

This is my hand safety plan

I have these 5 people on my safety plan



The Names and numbers of the five people on my safety plan are:

1 _____

Phone number: _____

2 _____

Phone number: _____

3 _____

Phone number: _____

4 _____

Phone number: _____

5 _____

Phone number: _____

I will contact the people on my safety plan if I get OH OH feelings.

Everyone has different OH OH feelings , they could be:

- Our heart might beat faster, as though we have been running a lot
- Parts of our body might feel like jelly
- Parts of our body might shiver, as if we were cold

My OH OH feelings are:
