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SELF HARM INTERVENTION PLAN

Student Name: _____ Date: _____ Next review: _____

Safety Concern Episode(s): _____

Current Risk Factors: _____

Current Self-Harm Risk Level: ___ Moderate ___ High ___ Extreme (see IP plan)

Supervision Level

General supervision: _____

Supervision of bathroom: _____

Supervision of bedroom: _____

Supervision during transitions: _____

Room search, how often, items staff are looking for: _____

Person/body search, how often, focus: _____

Other: _____

Safety Interventions

Restrict/remove items: _____

Verbal check-in's, how often, focus: _____

Supports, skills, distress tolerance: _____

Self-harm behavior management plan: _____

Other Modifications: _____

Crisis Team Involvement

Yes: _____

No: _____

Person Completing this form:

(Print name) _____ (Signature) _____