

Sample Family Safety Plan Template

Contact List

Mental Health / Crisis Services

- 911
- Local Police (non-emergency):
- Therapist Name:
- 24-hour therapist/crisis line:
- Emergency Psychiatric Services:
 - Name:
 - Phone:
 - Address:
- National Suicide & Crisis Lifeline: 988

Medical & Educational

- Pediatrician:
- School Contact:

Transportation

- Police or Secure Transport:



Support Plan Template for Adoptive & Foster Families

Promoting Connection, Structure, and Emotional Growth



Child's Information

- **Name:** _____
- **Date of Birth:** _____
- **Preferred Name/Nickname:** _____
- **Placement Date (if applicable):** _____

- **Primary Diagnoses (if any):** _____
- **Strengths & Interests:**

Daily Support Strategies

Area	Plan/Strategy
Morning Routine	E.g., use a visual checklist, 10-minute transition reminders
Transitions	E.g., Countdown timer, preview of next activity, comfort item allowed
Homework/Learning	E.g., Quiet space, frequent breaks, positive reinforcement
Bedtime Routine	E.g., Calming playlist, reading time, sensory blanket
Mealtime	E.g., Structured expectations, calm setting, offer choices

TIP: Review this with OT (if applicable) for more strategies.

Emotional Regulation Supports

Emotion/Trigger	Recognized Signs	Support Strategy
Anxiety	Nail-biting, pacing, and asking repeated questions	Use a calm tone, deep breathing, and a safe space
Anger/Frustration	Yelling, slamming, crying	Offer a break, a sensory tool, and name the emotion
Withdrawal/Shut Down	Silence, hiding, refusing tasks	Reassure, sit near them, avoid pressure

Coping Skills Being Taught

- Deep breathing
 - Grounding activities
 - Positive self-talk
 - Drawing/writing/journaling
 - Listening to music
 - Going for a walk
 - Other: _____
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Trusted Adults and Relationships

Name	Role	Support Provided
e.g., Ms. Jenna	School Counselor	Weekly check-ins, coping skill practice
e.g., Uncle Marcus	Family Support	Weekend outings, emotional support

Short-Term Support Goals (Next 1–3 Months)

1. _____
 2. _____
 3. _____
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Long-Term Growth Goals (Next 6–12 Months)

1. _____
 2. _____
 3. _____
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Professional Support

Provider	Service	Contact Info	Frequency
Therapist	Trauma-focused CBT	_____	Weekly
Pediatrician	Medical & medication	_____	As needed
School Support (IEP/504)	Learning accommodations	_____	Ongoing
Other:			

Cultural, Spiritual, or Identity Considerations

(Include any important aspects supporting the child's identity, such as race, religion, identity, tribal affiliations, language, etc.)

Parent/Caregiver Commitments

- I will maintain consistent routines.
- I will use trauma-informed responses.
- I will practice self-care and seek support when needed.
- I will communicate with the care team regularly.
- I will celebrate small successes.

 Review Date: _____

(Review every 1–3 months or after any major behavioral/emotional change.)

Plan Created By: _____

Role/Relationship to Child: _____

NOTES: