



Request for Individual Program

Date: _____

Student Name: _____

Rate your feelings (1 is unsafe). 1 2 3 4 5

Safe= Feeling SECURE from danger, risk, or harm (emotionally and physically)

Reason for request (include situation, triggers, warning signs):

Coping strategies attempted (circle the strategies attempted):

- | | | | |
|-----------------------|-------------------|---|------------------------|
| *Change seats | *Quiet room | *Get a drink | *Talk to Mental Health |
| *Mindfulness Exercise | *Sensory break | *Check thinking | *Visualization |
| *Deep Breathing | *Go for a walk | *Contact supportive adult (parent/etc.) | |
| *Journaling | *Drawing | *Other _____ | |
| *Distracting yourself | *Calming yourself | | |

Explain how you used the coping strategy and what was the outcome?

How do you believe Individual Program will help this situation?

What is your plan to improve your current situation?

Individual Program Approved: Yes No

Duration: _____

Mental Health Provider Signature: _____