

GET HELP FOR YOURSELF OR SOMEONE ELSE

Name: _____ Teacher: _____ Period: _____

Is there someone in your life that is not a safe person?

Yes No Undecided

Is there someone in your life that is using force, tricks or threats against you?

Yes No Undecided

Do you sometimes feel like you are in danger?

Yes No Undecided

Do you know someone who may be in danger or may need help?

Yes No Undecided

Do you want to speak to a counselor about yourself or someone else?

Yes No Undecided

Do you need to talk to a safe adult before you leave the building today?

Yes No Undecided

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