

ACTIVITY/SAFETY PLAN REQUEST FORM



Name: \_\_\_\_\_ Agents Name and  
Number: \_\_\_\_\_

Date of Request: \_\_\_/\_\_\_/\_\_\_ Date of Activity: \_\_\_/\_\_\_/\_\_\_ Activity  
Time: \_\_\_\_\_ to \_\_\_\_\_

Approved Supervisor(s): #1 \_\_\_\_\_  
#2 \_\_\_\_\_

(If you have two supervisors **ONE** must be designated as a Primary Supervisor at all times)

**Description and address of activity:**

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**Therapeutic goals to be achieved:**

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**Who will attend the event: (Include names, ages, gender, and relationship to the offender)**

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Permission letters on file from all guardians for attendees under 18? ( ) Yes ( ) No

(The parental permission letters can also be attached to this form for convenience)

**Danger Signs (situations, red flags, what ifs):**

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**Preventions (preventative actions):**

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**Internal Interventions (thoughts, attitudes, focus, awareness):**

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**External Interventions (behavior, actions):**

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**Other contingencies:**

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*By signing this form I agree to abide by this plan.*

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Primary Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SupervisorComments:** \_\_\_\_\_

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**Primary Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TherapistComments:** \_\_\_\_\_

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**Has this plan been presented and approved in Group Therapy?** ( ) Yes ( ) No

**Probation/ Parole Agents Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**AgentComments:** \_\_\_\_\_

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