

# 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)

**ADDRESS OF ACTIVITY:** \_\_\_\_\_

**DESCRIPTION OF ACTIVITY: -**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THERAPEUTIC GOALS TO BE ACHIEVED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHO WILL ATTEND THE EVENT: (Include names, ages, gender, and relationship to the offender):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION LETTERS (IF APPLICABLE) FROM PARENTS/GUARDIANS OF ANYONE UNDER THE AGE OF 18 ?**

YES       NO       N/A

**POTENTIAL RISKS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RISK PREVENTIONS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**INTERNAL INTERVENTIONS (thoughts, attitudes, focus, awareness):**

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**EXTERNAL INTERVENTIONS (behaviors and environmental changes):**

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**OTHER CONTINGENCIES:**

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**[ANY DEVIATION FROM THIS ACTIVITY PLAN MUST BE REPORTED TO THE PROBATION/PAROLE OFFICER IMMEDIATELY. NO ACTIVITY IS APPROVED UNTIL ALL SIGNATURES ARE COMPLETE.]**

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

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**Therapists Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THERAPIST COMMENTS:**

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**AT THE TIME OF THE ACTIVITY: CURRENTLY COMPLIANT WITH TREATMENT ( ) YES ( ) NO, /COMPLETED TREATMENT ( ) YES ( )NO, /NOT IN TREATMENT ( )YES ( )NO.**

**Probation/Parole Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AGENT COMMENTS:**

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