

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:

Therapeutic goals to be achieved:

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

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):

Preventions (preventative actions):

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

External Interventions (behavior, actions):

Other contingencies:

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

Client Signature: _____

Date: _____

Primary Supervisor: _____

Date: _____

Other Supervisor: _____

Date: _____

SupervisorComments: _____

Primary Therapist Signature: _____

Date: _____

TherapistComments: _____

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

Probation/ Parole Agents Signature: _____

Date: _____

AgentComments: _____
