

# MY SAFETY NETWORK

**Directions:**

Review the characteristics of a Trusted Adult on this chart. Think about the people who you want to be a part of your Safety NETWORK, and write their names in the gray boxes. Write Yes, No, or DK (for Don't Know) in the box and decide if that person should be in your Safety NETWORK. You may add more characteristics that are important to you!

This person...	Name	Name	Name	Name	Name	Name
	John					
Cares about me	Yes					
Listens to me	Yes					
Will help me	Yes					
Can be trusted	Yes					
Drives a car	No					
Is not a family member	No					