

GRADES 3-5





MY SAFETY NETWORK

Directions: Think about the people you want to be a part of your Safety NETwork, and write their names in the orange 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 in the blank boxes below.

THIS PERSON	NAME	NAME	NAME	NAME	NAME	NAME
CARES ABOUT ME						
LISTENS TO ME						
WILL HELP ME						
CAN BE TRUSTED						
DRIVES A CAR						
IS NOT A FAMILY MEMBER						