





<p><b>Personal Emotional/ Behavioral Health</b> (issues related to your own emotional/mental/behavioral health status that could place you at risk for relapse or symptoms due to increased stressors)</p>	<p>My Emotional / Behavioral Health</p> <p>My history of emotional/behavioral health concerns of _____ _____ _____ _____ _____ _____ _____ _____</p> <p>(Such as depression, anxiety, addiction, etc.) may be impacted by increased stress at my home, agency, or community as a result of the pandemic affecting my overall level of functioning.</p>	<p>What I will do personally and proactively to guard or protect my emotional/behavioral health and reduce risk based on my specific needs.</p> <p>1. 2. 3. 4.</p> <p>Agency based plans, requirements, or activities I will practice to help me reduce or manage my emotional/behavioral health risks.</p> <p><u>Actions</u></p> <p>1. 2. 3. 4.</p>	
<p><b>Other Personal Risk Area or Issue</b> (identify any additional</p>	<p>Personal Specific Issues/Concerns/Risks</p>	<p>Proactive Plan</p> <p>1. 2.</p>	

<p>areas of personal risk or concern you have regarding the impact of COVID-19)</p>		<p>3. 4.</p> <p>Reactive Plan (if increased risks or events occur)</p> <p>1. 2. 3. 4.</p>	
<p><b>Other Agency Based Risk Area or Issue</b></p> <p>(identify any additional areas of risk or concern you have regarding the impact of COVID-19 at your agency)</p>	<p>Agency Specific Issues/Concerns/Risks</p>	<p>Proactive Plan</p> <p>1. 2. 3. 4.</p> <p>Reactive Plan (if increased risks or events occur)</p> <p>1. 2. 3. 4.</p>	

**Student Signature** \_\_\_\_\_ **Date**