

# You Are Not A.L.O.N.E Worksheet

It is important to find solutions for all the situations listed below

1. If I take a new route home from school, I should \_\_\_\_\_.
2. If I must cross a busy street, I should \_\_\_\_\_.
3. I have a house key of my own that is always with me                      Yes \_\_\_ No \_\_\_.
4. If I forget or lose my key, I should \_\_\_\_\_.
5. If I live in an apartment/condo, to get inside I need to \_\_\_\_\_.
6. If I have to use a home security system, I need to \_\_\_\_\_.
7. If I have to stay late after school, I should \_\_\_\_\_.
8. If I miss the school bus/TTC bus/subway/streetcar/, I should \_\_\_\_\_.
9. I know that if I need help in a hurry, I can phone either \_\_\_\_\_ or \_\_\_\_\_ and I will be helped.
10. I should call 911 if/when \_\_\_\_\_.
11. If I ever feel lonely and need someone to talk to I can call the following people: \_\_\_\_\_.
12. I can call my parent(s)/caregiver(s) at \_\_\_\_\_.
13. Things I could call my parent(s)/caregiver(s) about when I am at home alone are \_\_\_\_\_.
14. Things that I probably should not call them about are \_\_\_\_\_.
15. If I am looking after my brother(s)/sister(s), I am responsible for \_\_\_\_\_.

16. If I am home with an older brother or sister, my responsibilities are \_\_\_\_\_.

17. If someone comes to the door when I am home alone I should \_\_\_\_\_.

18. If the phone rings when I am home alone I should \_\_\_\_\_.

19. The rules about having friends over when I am home alone are \_\_\_\_\_.

20. I am allowed to eat the following snacks when I am home alone: \_\_\_\_\_.

21. I am allowed to do the following physical activities safely when I am home alone: \_\_\_\_\_.

22. I am allowed to go to the following safe locations: \_\_\_\_\_.

23. I am allowed to use the following items when I am alone:

	<u>Yes</u>	<u>No</u>	<u>Don't Have</u>
Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone/Smart Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer/Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>