

Wellness Recovery Action Plan (WRAP) Template

\*To be completed between supervisor and employee

\*This information is confidential

\*Developed to help understand how to best support employees

Describe, what can be done to help you stay mentally healthy at work? What can you do to stay mentally healthy? How can your supervisor support you in doing this?

Describe how stress can affect you? How might your symptoms impact your work? List triggers/early warning signs:

What can be put into place to help support you to minimize triggers and manage your symptoms at work?

If your health deteriorates, or we feel we have noticed early warning signs of distress, what should we do? Who can we contact?

What steps can you take? Is there anything your supervisor needs to do to facilitate them?

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_