Functional documents, such as checklists and procedures, contain detailed descriptions of the methods that schools or the district follows for critical operational functions during emergency operations. The functional items in this section support the Emergency Operation Plan (EOP) in addition to Sections II and III. There are core functional support activities that should be incorporated, and specific functional support activities that support incident response. The essence of these support functions should be incorporated into plans, rather than be stand-alone. The checklists and procedures in this section may be used for emergency support function as noted per topic area.

Hazards may result in activation of one of the following types of response; therefore, the attached support materials provide assistance with your procedural development and incident documentation. **Be sure to utilize these items as needed and modify as specific to your school or district.**

**TABLE OF CONTENTS**

[ASSESSING SCHOOL THREATS OR HAZARDS 3](#_Toc4675638)

[Hazard Assessment Worksheet 3](#_Toc4675639)

[COMMUNICATION AND RESPONSE CHECKLISTS AND PROCEDURES 4](#_Toc4675640)

[MEDIA GUIDANCE 5](#_Toc4675641)

[MEDIA STATEMENT 6](#_Toc4675642)

[SAMPLE STATEMENTS TO THE MEDIA 7](#_Toc4675643)

[SAMPLE SCHOOL-PARENT LETTER 9](#_Toc4675644)

[EMERGENCY CONTACT NUMBERS 11](#_Toc4675645)

[SITE ASSIGNMENTS AND STAGING AREAS 12](#_Toc4675646)

[ICS ASSIGNMENTS 13](#_Toc4675647)

[INCIDENT RESPONSE JOB DESCRIPTIONS 14](#_Toc4675648)

[SEARCH AND RESCUE TEAMS 15](#_Toc4675649)

[SITE STATUS REPORT 17](#_Toc4675650)

[STAFF SKILLS SURVEY & INVENTORY 18](#_Toc4675651)

[STUDENT RELEASE FORM 21](#_Toc4675652)

[STUDENT ACCOUNTING FORM 22](#_Toc4675653)

[STATUS UPDATE REPORT WORKSHEET 23](#_Toc4675654)

[INSERT STUDENT ROSTER WITH PARENT CONTACT INFORMATION 24](#_Toc4675655)

[INSERT MASTER SCHEDULE 24](#_Toc4675656)

[INSERT FACULTY AND STAFF ROSTER WITH CONTACT INFORMATION 24](#_Toc4675657)

[INSERT CRITICAL INFRASTRUCTURE MAPS 24](#_Toc4675658)

[INCIDENT RESPONSE DEPARTMENT CHECKLIST 25](#_Toc4675659)

[STUDENT EVACUATION ACCOUNTABILITY FORM 31](#_Toc4675660)

[Student Emergency Response Personal Safety Information Form 32](#_Toc4675661)

ASSESSING SCHOOL THREATS OR HAZARDS

 Hazard Assessment Worksheet

It is important to note that your local emergency management office has identified community risks, and should be consulted when conducting a school assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard Description**(e.g., fire, flood, civil unrest, hazardous materials) | **Probability of Occurring** | **Warning Time** | **Potential Consequences\*** |
| **(Example)****Fire/Explosion** | * High
* Medium
* **Low**
 | * **Minimal or no**
* 1 to 4 hours
* More than 4 hours
 | * **High**
* Moderate
* Low
 |
|  | * High
* Medium
* Low
 | * Minimal or no
* 1 to 4 hours
* More than 4 hours
 | * High
* Moderate
* Low
 |
|  | * High
* Medium
* Low
 | * Minimal or no
* 1 to 4 hours
* More than 4 hours
 | * High
* Moderate
* Low
 |
|  | * High
* Medium
* Low
 | * Minimal or no
* 1 to 4 hours
* More than 4 hours
 | * High
* Moderate
* Low
 |
| Use as many Hazard Worksheets as necessary when completing you threat/hazard analysis. | * High
* Medium
* Low
 | * Minimal or no
* 1 to 4 hours
* More than 4 hours
 | * High
* Moderate
* Low
 |
| **\* CONSEQUENCE RATINGS****HIGH CONSEQUENCES** (Fatalities or injuries to students and staff; widespread damage to school property or assets; disruption of school services; loss of community/parental confidence and trust)**MODERATE CONSEQUENCES** (Some injuries to students and staff; some damage to school property or assets; minimal disruption of school services; community/parental concerns about safety)**LOW CONSEQUENCES** (Minor injuries to students and staff; minimal damage to school property or assets; no disruption of school services; little or no community/parental concerns)Once hazards are identified, and probability of occurring, warning time and potential consequences have been rated, analyze data to assist in determining the priority for development of your hazard specific annexes.A Guide to School Vulnerability Assessments, Key Principles for Safe Schools, U.S. Department of Education, 2008, can be found as a resource on the Arizona Department of Education’s Emergency Preparedness website.  |

COMMUNICATION AND RESPONSE CHECKLISTS AND PROCEDURES

**EMERGENCY COMMUNICATIONS AND RESPONSE STAFF CONTACT INFORMATION**

When an emergency condition exists, the Incident Commander will notify the necessary personnel to respond to their area of assignment. The methods of communication listed below in descending order will be used (a being the primary mode of communication followed by alternative modes). Notifications will be given in plain language. **Code words shall not be used.**

1. Intercom
2. Two-way radios
3. Telephone
4. Runners

**Media Relations**

The site Information Officer will be prepared to deal with the media prior to the arrival of the district Information Officer. A separate staging location will be pre-identified for media briefings.

|  |
| --- |
| MEDIA GUIDANCE* All staff must refer media to site or district spokesperson.
* The School District, Lead, or Supporting agency(ies) assume responsibility for issuing public statements during an emergency. This responsibility shall be pre-determined during the planning process.
* Superintendent serves as district spokesperson unless he/she designates a spokesperson. If spokesperson is unavailable, an alternate assumes responsibilities.

 District spokesperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Telephone Numbers (home, work, mobile) Alternate District spokesperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Telephone Numbers (home, work, mobile)* School Public Information person acts as contact for emergency responders and assists district spokesperson with coordinating media communications. If Public Information person is unavailable, an alternate assumes responsibilities.

School Public Information person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Room # Alternate Public Information person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Room # **During an emergency, adhere to the following procedures:*** Incident Commander or designee relays factual information to Superintendent.
* Superintendent notifies other schools in district and may ask school Public Information designee to prepare a written statement to media.
* Establish a media information center away from school.
* Update media regularly. Do not say “No comment.” Do not argue with media.
* Maintain log of all telephone inquiries. Use scripted response to respond to inquiries.
* Create a general statement before an incident occurs. Adapt statement during crisis.
* Emphasize safety of students and staff first.
* Briefly describe school’s plan for responding to emergency.
* Issue brief statement consisting only of the facts.
* Respect privacy of victim(s) and family of victim(s). **Do not release names to media.**
* Refrain from exaggerating or sensationalizing crisis.
 |

MEDIA STATEMENT

# PUBLIC INFORMATION RELEASE

**Check** (\_) as appropriate: **District/District-wide** **School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** **Time:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** If this is used as a script, read only those items checked. Make no other comments. Check off, fill in, and cross off as appropriate.

 has just experienced a(n)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The (students/employees) [(are being) or (have been)] accounted for.

 No further information is available at this time.

 Emergency medical services [(are here) or (are on the way) or (are not available to us)].

 Law enforcement [(are here) or (are on the way) or (are not available to us)].

 Fire Dept./paramedics [(are here) or (are on the way) or (are not available to us)].

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [(are here) or (are on the way) or (are not available to us)].

 Communication center(s) for parents (is/are) being set up at

to answer questions about individual students.

 Communication center(s) for families (is/are) being set up at

to answer questions about individual employees.

 Injuries have been reported at and are being treated at the site by

(staff/professional medical responders). (#) reported injured.

 Students have been taken to a safe area, , and are with [(classroom

teachers/staff) or ( )].

 (#) Students have been taken to the local emergency room for treatment of serious injury.

Parents of injured students should go to the emergency room at \_\_\_

 (#) Confirmed deaths have been reported at \_\_

Names cannot be released until families have been notified.

 Structural damage has been reported at the following sites: \_\_\_.

**Release restrictions** No Yes

If yes, what?

Released to the public as Public Information **Release #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date/Time**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAMPLE STATEMENTS TO THE MEDIA

**Example: School Bus Accident**

October 15, 2018

From the Office of Springfield School Principal, Maude Benjamin

Re: School Bus Accident

Students from the Springfield School fifth-grade and their teacher David Taylor were returning to school after a field trip when their school bus was involved in an accident on Interstate-95 (I-95). The accident occurred at approximately 1:45 pm.

Emergency medical teams have arrived and are transporting students to Springfield Community Hospital. Assistant Principal Joan Chen is at the accident scene. Superintendent Marilynn Gonzales is on her way to the hospital to assess the situation.

We are notifying parents and guardians of students involved in the accident. In addition, parents and others may call our hotline number at 555-212-1212 for more information.

Our Emergency Management Response Team is implementing our emergency protocol for bus accidents.

Springfield School will keep parents, guardians, students, and the community informed of any developments in this situation. October 2012

**SAMPLE STATEMENTS TO THE MEDIA** continued

**Example: School Violence**

October 20, 2012

From the Office of Springfield School Principal Maude Benjamin

Re: Incident Involving Springfield School Students

An incident involving two Springfield School students in the eleventh grade occurred yesterday at about 9:15 pm. The incident occurred one block off campus, in the 800 block of North Street.

The incident resulted in the non-fatal shooting of one of the students. The student was taken to Springfield Community Hospital and is expected to make a full recovery. The second student was taken into law enforcement custody.

An ongoing investigation is being conducted, but no more is known at this time.

Springfield School's Emergency Management Response Team has taken the following actions in response to this incident:

* The Emergency Management Response Team met last night and planned a staff meeting before the school day.
* We notified staff of the meeting using our automated phone system. The team provided information to staff at the meeting and answered questions on what is known about the incident and steps to be taken in response.
* Crisis counseling for students is being provided by personnel from the Columbia School District office and community resources.
* A review of Springfield School’s weapons policy is underway and school security is on alert for potential related violence.

SAMPLE SCHOOL-PARENT LETTER

Lock-Down Procedures

|  |
| --- |
| [Date] Dear Parents:Should an emergency or disaster situation ever arise in our area while school is in session, we want you to be aware that the schools have made preparations to respond effectively to such situations. In fact, public schools in [State] are built to meet stringent construction standards and they may be safer than your own home in the event of a disaster.Should we have a major disaster during school hours, your student(s) will be cared for at this school. Our School District has a detailed disaster plan which has been formulated to respond to a major catastrophe.Your cooperation is necessary in any emergency.1. Do not telephone the school. Telephone lines may be needed for emergency communication.
2. In the event of a serious emergency, students will be kept at their schools until they are picked up by an identified, responsible adult who has been identified as such on a School District green emergency card which is required to be filled out by parents at the beginning of every school year. Please be sure you consider the following criteria when you authorize another person to pick up your child at school:
* He/she is 18 years of age or older.
* He/she is usually home during the day.
* He/she could walk to school, if necessary.
* He/she is known to your child.
* He/she is both aware and able to assume this responsibility.
1. Updated information regarding the event may be found on school and district web sites. When appropriate, information may also be conveyed via social media, email and telephone dialer system. Information regarding post incident day-to-day school operations will also be available on both district and school web sites.
2. Impress upon your children the need for them to follow the directions of any school personnel in times of an emergency.

Students will be released only to parents and persons identified on the School District Emergency Card. During an extreme emergency, students will be released at designated release gates located on identified relocation sites. Parents should become familiar with the School Emergency Operation Plan and be patient and understanding with the student release process. Please instruct your student to remain at school until you or a designee arrives.  |

**SAMPLE SCHOOL-PARENT LETTER** continued

|  |
| --- |
| The decision to keep students at school will be based upon whether or not streets in the area are open. If this occurs, local media will be notified. In the event that a natural disaster takes place during the time that students are being transported, students will be kept on the bus and the driver will ask for assistance through radio contact with the school and district personnel. Any child who is home waiting for the bus will not be picked up (if roads are impassable) and remains the responsibility of the parent or guardian. In the event a natural disaster occurs in the afternoon, the driver will make every attempt to continue delivering the students to their homes. Should road conditions prevent the driver from delivering students to their home or to school in the morning, the students will be delivered to the nearest school site and that school will communicate with the home school to inform them of the students’ whereabouts.In case of a hazardous release event (chemical spill) near the school area, Shelter-in-Place procedures will be implemented to provide in place protection. All students and staff will clear the fields, report to their rooms and all efforts will be made to prevent outside air from entering classrooms during the emergency. “Shelter-in-Place” signs will be placed in classroom windows or hung outside classroom doors during a drill or emergency. Students arriving at school during a Shelter-in-Place drill or event should report to the school office or to a previously designated area at the school because classrooms will be inaccessible. When the dangerous incident has subsided, an all-clear signal will be given.Please discuss these matters with your immediate family. Planning ahead will help alleviate concern during emergencies.Sincerely,PrincipalSchool |

EMERGENCY CONTACT NUMBERS

|  |  |
| --- | --- |
| **PUBLIC SAFETY AGENCIES** | **NUMBER** |
| General Emergency | 911**\*** |
| Law enforcement/Sheriff/Fire/EMS | 911**\*** |
| Poison Control | 1-800-362-0101 |
| County Public Health Department | Add number |
| Local Hospital | Add number |
|  |  |
|  |  |
|  |  |
|  |  |
| **DISTRICT CONTACTS** | **NUMBER** |
| Superintendent | Add number |
| School Safety | Add number |
| Transportation  | Add number |
| Operations | Add number |
| Food Services | Add number |
| Health Services | Add number |
|  |  |
|  |  |
| **OTHER CONTACTS** | **NUMBER** |
|  |  |
|  |  |
|  |  |

***\** Determine the appropriate sequence required to dial 911 (9-911) from your site’s phone system.**

SITE ASSIGNMENTS AND STAGING AREAS

|  |
| --- |
| **ON SITE LOCATIONS AND STAGING AREAS** |
|  | **PRIMARY** |  **FIRST ALTERNATE** | **SECOND ALTERNATE (OPTIONAL)** |
| **On Site Command Post** |  |  |  |
| Student Care |  |  |  |
| First Aid |  |  |  |
| Student Request |  |  |  |
| Student Release |  |  |  |
| Media Staging |  |  |  |
| Law Enforcement Staging |  |  |  |
| Fire Staging |  |  |  |
| District Staging |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFF-SITE LOCATION AND STAGING AREAS** |  |  |  |
| **(Identify primary Off-Site Location here)** | **PRIMARY** | **FIRST ALTERNATE** | **SECOND ALTERNATE****(OPTIONAL)** |
| **Off-Site Command Post**  |  |  |  |
| Student Care |  |  |  |
| First Aid |  |  |  |
| Student Request |  |  |  |
| Student Release |  |  |  |
| Media Staging |  |  |  |
| Law Enforcement Staging |  |  |  |
| Fire Staging |  |  |  |
| District Staging |  |  |  |

ICS ASSIGNMENTS

|  |  |  |  |
| --- | --- | --- | --- |
| **POSITION** | **PRIMARY** | **FIRST ALTERNATE** | **SECOND ALTERNATE (OPTIONAL)** |
| **INCIDENT COMMANDER** | (Assistant Principal) | (Coach) | (Etc.) |
| Safety |  |  |  |
| Liaison |  |  |  |
| Information Officer  |  |  |  |
| **OPERATIONS** |  |  |  |
| Communications |  |  |  |
| Recorder |  |  |  |
| Security |  |  |  |
| Search & Rescue |  |  |  |
| Safety/Damage |  |  |  |
| Medical/First Aid |  |  |  |
| Student Supervision |  |  |  |
| Student Request |  |  |  |
| Student Release |  |  |  |
| Runners |  |  |  |

INCIDENT RESPONSE JOB DESCRIPTIONS

**(Incident Command Positions)**

**JOB DESCRIPTIONS FOR THE FOLLOWING POSITIONS MAY BE FOUND IN THE BASIC PLAN, PAGES 20-23:**

* Incident Commander
* Unified Command
* Safety Officer
* Liaison Officer
* Public Information Officer (PIO)
* Operations Chief
* Planning Chief
* Logistics Chief
* Finance and Administrative

**Note:** The Incident Commander is responsible overall for the management of the incident. General Staff ICS positions include the Safety Officer, Liaison Officer, and Public Information Officer (PIO). Command Staff ICS positions include the Operations Section Chief, Planning Section Chief, Logistics Chief, and Finance/Administrative Section Chief.

SEARCH AND RESCUE TEAMS

SEARCH AND RESCUE (S & R) TEAM LEADER

**Note:** Number of teams will vary depending on size of campus.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | NAMES | Radio Frequency | Keys | Hard Hat | Goggles | Bucket | Vest | Clipboard | Backpack |
| S & R TEAM #1NOTES: | 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| S & R TEAM #2NOTES: | 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| S & R TEAM #3NOTES: | 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| S & R TEAM #4NOTES: | 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**SEARCH AND RESCUE TEAMS** continued

* Assign teams based on available manpower; minimum 2 persons. Attempt to place one experienced person on each team.
* Perform visual check of outfitted team leaving Command Post (CP); include radio check. Advise teams of known injuries.
* Remain at Command Post table.
* Be attentive to all S&R related communications.
* Utilize boxes above to record location of injured students. Example: report of 2 injured students in Room 20 would be recorded as “S/2 = RM 20” in box under team #3.
* Utilize manpower pool to aid S&R (i.e., request for backboard and carryout or request for rescue equipment).

SITE STATUS REPORT

|  |
| --- |
| **TO: FROM: (name) LOCATION:** **DATE: TIME: PERSON IN CHARGE AT SITE:** Message via: 2-way Radio \_\_\_\_\_ Telephone Messenger \_\_\_\_\_\_\_**EMPLOYEE/STUDENT STATUS** |
|  | Absent | Injured | # Sent toHospital | Dead |  | Unaccounted for | # ReleasedTo parents | # Beingsupervised |
| Students |  |  |  |  |  |  |  |  |
| Site Staff |  |  |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  |  |
| **STRUCTURAL DAMAGE** Check damage/problem and indicate location(s). |
| **Check**✓ | **Damage/Problem** | **Location(s)** |
|  | Gas leak |  |
|  | Water leak |  |
|  | Fire |  |
|  | Electrical |  |
|  | Communications |  |
|  | Heating/cooling |  |

Gather information of this type as soon as possible:

* Include the type of assistance required.
* How soon is the assistance needed?
* Overall condition of the campus.
* Outside agencies on campus & actions.

Names and status of students and staff, such as injured, missing or accounted for.

STAFF SKILLS SURVEY & INVENTORY

**YOUR NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ROOM** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During any disaster situation, it is important to be able to draw from all available resources. The special skills, training and capabilities of the staff will play a vital role in coping with the effects of any disaster incident. These will be of paramount importance during and after a major or catastrophic disaster. The purpose of this survey/inventory is to pinpoint those staff members with equipment and the special skills that may be needed. Please indicate the areas that apply to you and return this survey to your administrator.

**Please check, circle, or add expertise or training that you may have.**

|  |  |  |
| --- | --- | --- |
| First Aid (yes/no)current card  | CPR (yes/no current) | Triage |
| Construction  | Shelter Management | Camping |
| Emergency Management  | Structural Engineering | Running/Jogging |
| Firefighting | Survival Training & Techniques | CB Radio |
| Law Enforcement | Search & Rescue | Food Preparation |
| Mechanical Ability (electrical, plumbing, carpentry, etc.) | Bus/Truck Driver(yes/no, Class 1 or 2 license,) | Recreational Leader |
| Nurse | Journalism | Other: |
| EMT or Paramedic | Waste Disposal |  |
| Ham Radio Operator |  |  |
|  |  |  |
| Multi-lingual (yes / no, what language (s)  |  |  |

**STAFF SKILLS SURVEY & INVENTORY** continued

**DO YOU KEEP A PERSONAL EMERGENCY KIT?** \_\_\_\_\_\_\_\_\_\_\_\_\_ in your car? \_\_\_\_\_\_\_ in your room? \_\_\_\_\_\_\_

**DO YOU HAVE MATERIALS IN YOUR ROOM THAT WOULD BE OF USE DURING AN EMERGENCY?**

(i.e., athletic bibs, traffic cones, carpet squares) \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

**DO YOU HAVE EQUIPMENT OR ACCESS TO EQUIPMENT OR MATERIALS AT YOUR SCHOOL SITE THAT COULD BE USED IN AN EMERGENCY?** \_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_ NO

Please list equipment and materials.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT WOULD MAKE YOU FEEL MORE PREPARED SHOULD A DISASTER STRIKE WHILE YOU WERE AT SCHOOL?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Planning teams can opt to collective Staff Skills Inventory information in a different manner and form. For example, a Staff Skills Inventory Summary Sheet (sample shown above) can be completed by staff members during a staff meeting. In addition, some schools find it easier to use a shared doc when collecting this information.**

STUDENT RELEASE FORM

*AUTORIZACIÓN* PARA ENTREGAR A UN ESTUDIANTE A SUS PADRES O TUTORES LEGALES

|  |
| --- |
| **Please Print Legibly – Complete a Separate Form for Each Student****Por favor escriba de manera legible – Llene un formulario aparte para cada estudiante****Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_**Nombre del estudiante: Grado:**Student’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s School ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Fecha de nacimiento del estudiante: Número de ID del estudiante:**School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Escuela: Maestro:**Name of Person Requesting Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Nombre de la persona que vino para recoger al estudiante:**Requestor’s Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_** Número de la licencia de manejar: Estado:**(Photo ID is mandatory for student release. If you do not have a driver’s license, list another form of photo ID)**(Es obligatorio presentar identificación para recoger a un estudiante. Si usted no tiene una licencia de manejar, incluya otra forma de identificación que incluya una fotografía.)**Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Parentesco con el estudiante:**DO NOT WRITE BELOW THIS LINE - NO ESCRIBA DEBAJO DE ESTA LÍNEA** |
| **Request Gate**Proof of Photo ID: (Yes) (No) Name Listed as Parent or Guardian: (Yes) (No) Verified By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Listed as Emergency Contact: (Yes) (No) |
| **Student Care** (circle one)Sent to Release Absent First Aid Missing Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Release Gate** Proof of Photo ID: (Yes) (No) Released By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Requester Signature:  (Signature Indicates Release of Student) La firma indica la entrega del estudianteDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: Hora: |

STUDENT ACCOUNTING FORM

|  |  |
| --- | --- |
| Room No: | Date: |
| Enrolled per register: | Reported by: |
| Not in school today: | Received by: |
| Present now: |  |

1. Students or classroom volunteers elsewhere (off campus, left in room, other location, etc.)

Name Location Problem

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Students on playground needing more first aid than you can handle:

Name Location Problem

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments: (report fire, gas/water leaks, blocked exits, structural damage, etc.)

|  |
| --- |
| STATUS UPDATE REPORT WORKSHEETName Time  # children remaining at school # staff members remaining to care for children\_\_\_\_\_\_ Assistance required: \_\_\_\_\_\_ water \_\_\_\_\_ food \_\_\_\_\_\_ blankets \_\_\_\_\_\_ # people to helpOther:-------------------------------------------------------------------------------------------------------------------------------- |
| **STATUS UPDATE REPORT WORKSHEET**Name Time  # children remaining at school # staff members remaining to care for children\_\_\_\_\_\_ Assistance required: \_\_\_\_\_\_ water \_\_\_\_\_\_ food \_\_\_\_\_\_ blankets \_\_\_\_\_\_ # people to helpOther: |

INSERT STUDENT ROSTER WITH PARENT CONTACT INFORMATION

INSERT MASTER SCHEDULE

INSERT FACULTY AND STAFF ROSTER WITH CONTACT INFORMATION

INSERT CRITICAL INFRASTRUCTURE MAPS

*Note: It is important to be sensitive to the privacy needs of faculty and staff. Home and cell phone numbers may not be appropriate to list in this section, therefore note where the location of information may be found*.

INCIDENT RESPONSE DEPARTMENT CHECKLIST

**DEPARTMENT CHECKLISTS**

* Director of Transportation or designee
* Director of Information Technology or designee
* School Safety/Emergency Management Coordinator or designee
* Finance and Comptroller or designee
* [School](#_Toc286958313) Resource Officer or designee
* [Facilities](#_Toc286958314)/Finance or designee
* [Marketing](#_Toc286958315) and Communications or designee

**TRANSPORTATION COORDINATOR OR DESIGNEE WILL:**

* Communicate with the Operations section chief and receive situation briefings.
* Assess current (SCHOOL NAME) transportation resources and capabilities and determine available outside transportation resources.
* Provide a status of current transportation assets and outside resources.
* Coordinate the orderly evacuation, traffic control and/or implements movement restrictions as directed by the Incident Commander.
* Oversee relocation of personnel from dangerous buildings or areas throughout the campus.
* Prioritize and coordinate the use of vehicles or barricades to establish perimeters control.
* Assign staff to support school departments, voluntary relief organizations and other support groups who perform emergency response and recovery activities to ensure transportation safety, as directed by the Incident Commander.
* Provide damage and impact assessments and restoration/recovery of the transportation infrastructure.
* Coordinate the allocation of vehicles and related resources to move people, equipment, and essential supplies as directed by the Incident Commander.
* Assume other duties/functions as assigned by the Operations Section Chief.
* Provide periodic updates on the status of assigned missions.

**INFORMATION TECHNOLOGY OR DESIGNEE WILL:**

* Check in with the Logistics Section Chief and receive a situation briefing.
* Assess the status of (SCHOOL NAME) internal and external communications systems.
* Survey the status of the communications infrastructure, determine residual capabilities and assess the extent of any damage that may occur.
* Brief the Logistics Section Chief on the status of (SCHOOL NAME) information technology and telecommunication systems.
* Provide communications support to the Incident Commander and address cyber security issues.
* Provide for the restoration of essential communication systems, plans and coordinates and assists in communications support.
* Reestablish equipment and support for telephone, radio, messenger reception and transmittal of information (including both internal and external linkages).
* Maintain the operation of voice, intranet, data, video, and wireless communications services.
* Assume other duties and functions as assigned by the Logistics Section Chief.
* Provide periodic updates on the status of assigned missions.

**SCHOOL SAFETY/EMERGENCY MANAGEMENT COORDINATOR OR DESIGNEE WILL:**

* Assess the situation and develop an Incident Action Plan for the operational period.
* Oversee information collection and analysis.
* Disseminate critical information to the IC, Command and General Staff, Senior Leadership Group, Executive Policy Group and appropriate response entities.
* Manage external information dissemination including public alerts, notifications, media releases and press briefings.
* Ensure adequate staffing and deployment of personnel and resources.
* Provide logistics management and resource acquisition.

 **FINANCE AND COMPTROLLER OR DESIGNEE WILL:**

* Check in with Incident Commander and receive a situation briefing.
* Activate the Finance and Administration Section and assume the duties of Section Chief.
* Brief other staff assigned to the section and delegate responsibilities.
* Provide financial management, procurement, monitoring, cost analysis and tracking of all costs related to the incident.
* Ensure that the purchasing and accounting requirements of (School Name) and local, state and/or federal statutes, rules and regulations are met.
* Provide direct and active logistical and resource support to the Incident Commander and involved in delivering emergency response and recovery efforts related to the incident.
* Purchase and order emergency response equipment or supplies as directed by the Incident Commander.
* Identify and apply to sources of recovery funding; provide impact analysis (damage assessment) for recovery planning support.
* Prepare and submit insurance claims for damages resulting from the incident.

 **SCHOOL RESOURCE OFFICER OR DESIGNEE WILL:**

* Direct the first responding officer on scene to serve as Incident Commander until relieved by a higher ranking UPD officer.
* Designate secure emergency communication channels (radio frequency) for the tactical response.
* Respond to the scene; assume incident command; establish an Incident Command Post; and, develop an incident action plan with tactical objectives and strategies for the first operational period.
* Identify the kill zone (hot zone) and direct responding officers to establish inner and outer perimeters to control campus access.
* Deploy officers to locate, isolate, and stop the threat(s) using rapid deployment.
* Form rescue teams to locate and evacuate the injured.
* Determine the level of organization needed and appoint officers to selected ICS Command Staff and General Staff roles.
* Designate a staging areas for law enforcement, fire and EMS.
* Establish communications with the Emergency Management Director and provide periodic situation updates.
* Provide a safe approach (ingress and egress) for response agencies.
* Request additional resources and approve the release/demobilization of resources no longer required.
* Stand up a Unified Command with leaders of other response agencies if appropriate.
* Authorize the release of information to the news media.
* Assign an officer to check in at the EOC, if activated, obtain a situation briefing by the EOC Director and assume the duties of Operations Section Chief.
* Provide general law enforcement assistance and critical infrastructure protection during and after an extreme act of violence incident.
* Coordinate with outside law enforcement agencies through the EOC.

**FACILITIES/FINANCE OR DESIGNEE WILL:**

* Provide a mechanism for coordinating federal, state and local government, nongovernment and private sector long-term recovery support services including mental health and counseling to students and School employees impacted by traumatic events resulting from Extreme Acts of Violence incidents.
* Identify and facilitate the availability and use of resources of recovery funding; provide impact analysis (damage assessment) for recovery planning support.

**MARKETING AND COMMUNICATIONS OR DESIGNEE WILL:**

* Check in with Incident Commander and receive a situation brief.
* Assume the duties of the School Public Information Officer (PIO) and staff a PIO Unit.
* If necessary, establish and supervise a Joint Information Center with PIO’s from the other responder agencies.
* Coordinate press releases among response organizations.
* Designate a media center and facilitate scheduled press briefings.
* Ensure all press releases and public information are reviewed and approved by the Incident Commander.
* Monitor news media outlets reports of the incident.
* Prepare periodic briefings to the Emergency Management Director, Senior Leadership Group and Executive Policy Group on public information activities and submit draft press releases for review and approval.

STUDENT EVACUATION ACCOUNTABILITY FORM

**Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check all boxes that apply:**

* All students accounted for
* Missing students
* Extra students, adults, or guests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any students are missing, list their names and location if known (i.e. absent, nurse, restroom).



 Place Student’s Picture Here

Elementary School

# CONFIDENTIAL

## Individual Emergency Safety Plan

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Special Needs Safety Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Principal: \_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party for Plan Updates (include role): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the box next to the condition that identifies the student’s need for evacuation assistance. Check all boxes that apply:

1. **Communication or Speech-Related Disability:** ☐ **Non-verbal** ☐ **Non-English speaking** ☐ **Uses sign language**

☐ **Assistive technology device used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_**

1. **The student is mobility impaired and uses:**

☐ Wheelchair ☐ Walker ☐ Body Brace ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The student has a vision/hearing impairment:**

☐Legally blind (Do not check box when the sight is resolved by wearing corrective lenses) ☐ Hearing impaired

1. **The student has the following condition(s):**

☐ Autism ☐ Seizure ☐ Intellectual Disability ☐ Severe Allergy ☐ Asthma ☐ Diabetes

☐ Emotional/Psychological Disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other Health Condition(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication(s) Taken:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Dosage** | **Time(s)** | **Taken at Home/School** | **Cannot Miss Dose** |
|  |  |  | ☐ Home ☐ School | ☐ |
|  |  |  | ☐ Home ☐ School | ☐ |
|  |  |  | ☐ Home ☐ School | ☐ |
|  |  |  | ☐ Home ☐ School | ☐ |
|  |  |  | ☐ Home ☐ School | ☐ |

Location of Medication Storage (if applicable): ☐ Health office ☐ Classroom ☐ Other: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Equipment required (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Evacuation Equipment (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Evacuation Equipment (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Needs** (e.g., comfort items, health and hygiene, seasonal needs)

|  |  |
| --- | --- |
| **Area of Need** | **Item(s)** |
|  |  |
|  |  |
|  |  |

This plan will be revised as necessary to address the student’s schedule changes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Time of Day** | **Room #** | **Teacher** | **Assigned Personnel for Evacuation****Primary Alternate** |
| Before School Program |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| After School Program |  |  |  |  |

**I acknowledge, with my signature below, that the information on this plan concerning my child is accurate and have been provided the opportunity to discuss with district personnel any concerns that I may have concerning the safety of my child in the event of an emergency. I also permit the release of this document to any and all persons assisting during an emergency, including district staff, volunteers, and emergency responders. I understand that I have the right to revoke this authorization, in writing, at any time.**

**PRINT Parent Name:**  **Parent Signature:**

**Date:**

**Important Note: Use of this form should be approved by district senior leadership and district legal counsel.**



Place Student’s Picture Here

Middle School / High School

# CONFIDENTIAL

## Individual Emergency Safety Plan

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Special Needs Safety Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party for Plan Updates (include role): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the box next to the condition that identifies the student’s need for evacuation assistance. Check all boxes that apply:

1. **Communication or Speech-Related Disability:** ☐ **Non-verbal** ☐ **Non-English speaking** ☐ **Uses sign language**

☐ **Assistive technology device used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **The student is mobility impaired and uses:**

☐ Wheelchair ☐ Walker ☐ Body Brace ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The student has a vision/hearing impairment:**

☐ Legally blind (Do not check box when the sight is resolved by wearing corrective lenses) ☐ Hearing impaired

☐ Assistive device used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The student has the following condition(s):**

☐ Autism ☐ Seizure ☐ Intellectual Disability ☐ Severe Allergy ☐ Asthma ☐ Diabetes

☐ Emotional/Psychological Disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other Health Condition(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication(s) Taken:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Dosage** | **Time(s)** | **Taken at Home/School** | **Cannot Miss Dose** |
|  |  |  | ☐ Home ☐ School | ☐ |
|  |  |  | ☐ Home ☐ School | ☐ |
|  |  |  | ☐ Home ☐ School | ☐ |
|  |  |  | ☐ Home ☐ School | ☐ |
|  |  |  | ☐ Home ☐ School | ☐ |

Medication storage location (if applicable): ☐ On person ☐ Health office ☐ Classroom ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other equipment required (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Evacuation Equipment (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Evacuation Equipment (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional needs** (e.g., comfort items, health and hygiene, seasonal needs)

|  |  |
| --- | --- |
| **Area of Need** | **Item(s)** |
|  |  |
|  |  |
|  |  |

**This plan will be revised as necessary to address the student’s schedule changes.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Room #** | **Teacher** | **Assigned Personnel for Evacuation****Primary Alternate** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **Lunch** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |

**I acknowledge, with my signature below, that the information on this plan concerning my child is accurate and have been provided the opportunity to discuss with district personnel any concerns that I may have concerning the safety of my child in the event of an emergency. I also permit the release of this document to any and all persons assisting during an emergency, including district staff, volunteers, and emergency responders. I understand that I have the right to revoke this authorization, in writing, at any time.**

**PRINT Parent Name:**  **Parent Signature:**

**Date:**

**Important Note: Use of this form should be approved by district senior leadership and district legal counsel.**

**CONFIDENTIAL**

**Student Emergency Response Aggregate Safety Information**

School: \_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Special Education Safety Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by (Full Name and Role): ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Need** | **Number of Students** | **Number of Staff** | **Number of Recommended Support Staff** |
| **Communication / Speech-Related** |  |  |  |
| Non-Verbal |  |  |  |
| Non/Limited English Speaking |  |  |  |
| Uses Sign Language |  |  |  |
| Uses Picture Exchange Communication System (PECS) |  |  |  |
| Uses augmented communicationdevice |  |  |  |
| **Physical / Mobility** |  |  |  |
| Uses wheelchair |  |  |  |
| Uses walker |  |  |  |
| Uses body brace |  |  |  |
| Other (Please specify): |  |  |  |
| Other (Please specify): |  |  |  |
| **Vision / Hearing** |  |  |  |
| Deaf-Blindness |  |  |  |
| Legally blind |  |  |  |
| Hearing impaired |  |  |  |
| Uses assistive equipment/technology |  |  |  |
| Other (Please specify): |  |  |  |
| Other (Please specify): |  |  |  |
| **Developmental** |  |  |  |
| Sensory accommodations |  |  |  |
| Other (Please specify): |  |  |  |
| Other (Please specify): |  |  |  |
| **Complex Medical** |  |  |  |
| Requires assistance eating |  |  |  |
| Requires assistance toileting |  |  |  |
| Requires assistance with diaperchanging |  |  |  |
| Requires assistance taking medication |  |  |  |
| Other (Please specify): |  |  |  |
| Other (Please specify): |  |  |  |
| **Emotional** |  |  |  |
| Requires assistance to maintain calm |  |  |  |
| Other (Please specify): |  |  |  |
| Other (Please specify): |  |  |  |
| **Other Accommodations** |  |  |  |
| Uses individual “Go Kit” |  |  |  |
| Other (Please specify): |  |  |  |
| Other (Please specify): |  |  |  |
| Other (Please specify): |  |  |  |
| Other (Please specify): |  |  |  |

Additional Comments: