|  |  |  |
| --- | --- | --- |
| Evacuation plan for:  |  | Learner Photo |
| School: |  |
| School year: |  |
| Principal: |  |

Is this student able to independently navigate the physical facilities? [ ]  Yes [ ]  No

Is this student able to follow procedures? (Are they able to comprehend emergency alerts? Are they able to self-evacuate at this school site?) [ ]  Yes [ ]  No

Is this student able to communicate effectively in an emergency (Are they able to speak and understand English? Do they use an alternative or augmentative communication method?) [ ]  Yes [ ]  No

If you answered “no” to any of the three questions above, please complete the appropriate sections of this plan form.

|  |  |
| --- | --- |
| School personnel responsible for coordination and implementation: |  |
| Back-up school personnel responsible for coordination and implementation: |  |
| Number of adults needed for assistance during emergency evacuation: |  |
| Preferred method of communication with family for emergency notifications and updates (text, email, phone, braille, etc.) Please list preferred number/email: |  |



**Pre-Activities**:

|  |  |
| --- | --- |
| [ ]  Plan developed date: |  |
| [ ]  Plan added to IEP or 504 date: |  |
| [ ]  Plan shared with stakeholders (see Distribution list below) date: |  |
| [ ]  Go Bag Assembled Date: |  |

|  |  |
| --- | --- |
| **Contents of Go Bag:** | Emergency contact/medical information; |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Team trained (including the learner and their family) Date:  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ongoing: Practice Plan** Date: |  | Date: |  | Date: |  | Date: |  |

**Emergency Procedure Plan:**

Emergency Procedures will take place in the following manner (If the learner is in multiple locations during their school day, **consider procedure changes that may be required in each location**):

**Navigation/Mobility** - Describe mobility equipment needed, where it is located, student’s ability to assist and risk factors.

**Procedural Understanding** - Describe safety and/or risk considerations.

**Communication** - Preferred method to communicate the emergency situation to the individual (visual signal, communication device)

|  |  |  |  |
| --- | --- | --- | --- |
| **Response** | **Potential Barriers****(Consider:****\*Physical, \*Procedural, \*Behavioral,****\*Communication)** | **Action/Assistance/Equipment required (EX: Evacutrac, Stryker, Wheelchair, Adult Escort-Note where items are located. Alternative hiding spaces)** | **Person Responsible (Note if there is an assistance animal)** |
| **Evacuate:** |  |  |  |
| **Lockdown:** |  |  |  |
| **Secure:** |  |  |  |
| **Shelter:** |  |  |  |
| **Hold:** |  |  |  |
| **Other:\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |

**Post Activities/Reunification**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Point of family reunification established. Date: |  | Location: |  |

|  |
| --- |
| [ ]  Supports needed for short and long-term recovery (social stories, counseling,): |
|  |
|  |

This evacuation plan is to be reviewed when changes occur in the schedule, at least annually. The plan should be practiced regularly.

Distribution: [ ]  Principal

 [ ]  Classroom Teacher

 [ ]  Parent

 [ ]  Local responders/Emergency services

 [ ]  Go Bag

|  |  |
| --- | --- |
| Parent/guardian reviewing plan: |  |
| Date of review: |  |
| Parent/guardian signature: |  |
| Phone: |  |

 [ ]  Signature Waived