|  |  |  |
| --- | --- | --- |
| 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