

Evacuation Plan Form

Emergency Evacuation Plan for _____

School District _____
20__-20__ School Year

Student Schedule		
	Semester 1	Semester 2
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		

Evacuation Plan Form

FIRE EVACUATION PLAN:

Main Floor:

Second Floor:

Basement:

SEVERE WEATHER PLAN:

Main Floor:

Second Floor:

Basement:

LOCKDOWN PLAN:

Evacuation Plan Form

Staff Specific Training Needs:

The student's case manager will ensure that staff and instructors are aware of this evacuation plan.

Note: The evacuation team will conduct a live practice minimally twice a year during a non-emergency time. Documentation of training and practices can be found on the following page.

We have reviewed and agree with this plan:

Parent(s) _____ Date _____

Parent(s) _____ Date _____

Student _____ Date _____

Case Manager _____ Date _____

Administration _____ Date _____

Fire Chief* _____ Date _____

*If needed

