CLARKSDALE MUNICIPAL SCHOOL DISTRICT

ACTIVE SHOOTER / LOCKDOWN DRILL DOCUMENTATION FORM

School: _____ School Year: _____

Date of Drill: _____ Time of Drill: _____

TYPE OF DRILL (CHECK ONE)

☐ Active Shooter Drill ☐ Lockdown Drill ☐ Combined Active Shooter / Lockdown Drill

DRILL INFORMATION

Principal / Administrator in Charge:

_____

CMSD Police Officer Present:

_____

Additional Agencies Present:

_____

_____

DRILL OBJECTIVES (CHECK ALL THAT APPLY)

- ☐ Test emergency communication procedures
- ☐ Evaluate lockdown procedures
- ☐ Evaluate classroom security measures
- ☐ Evaluate staff response
- ☐ Evaluate student response
- ☐ Test law enforcement coordination
- ☐ Test reunification procedures
- ☐ Other: _____

DRILL PERFORMANCE EVALUATION

Evaluation Criteria	Satisfactory	Needs Improvement
Emergency Notification Initiated	☐	☐
Classroom Doors Secured	☐	☐
Students Accounted For	☐	☐
Staff Followed Procedures	☐	☐
Communication Systems Functioned Properly	☐	☐
First Responders Coordinated Effectively	☐	☐
Drill Completed Safely	☐	☐

DRILL TIMELINE

Time Drill Initiated: _____

Time Building Secured: _____

Time Drill Concluded: _____

Total Drill Duration: _____

PARTICIPATION

Number of Students Participating: _____

Number of Staff Participating: _____

Visitors Present: _____ _____

OBSERVATIONS

Strengths Identified

_____

_____

_____

Areas Needing Improvement

_____

_____

_____

CORRECTIVE ACTION PLAN

Deficiency Identified	Corrective Action	Responsible Person	Completion Date

CERTIFICATION OF COMPLETION

We certify that this Active Shooter / Lockdown Drill was conducted in accordance with CMSD Crisis Management Plan requirements and applicable Mississippi Department of Education guidance.

SCHOOL ADMINISTRATOR

Name: _____

Title: _____

Signature: _____

Date: _____

CMSD CHIEF OF POLICE

Name: _____

Signature: _____

Date: _____

DIRECTOR OF MAINTENANCE & TRANSPORTATION

Name: Clarence L. Hayes, Ph.D.

Signature: _____

Date: _____

DISTRICT REVIEW

Drill Documentation Received: _____ Reviewed By: _____

Comments: _____

_____

CMSD REQUIREMENT

This form shall be completed immediately following every Active Shooter and Lockdown Drill and maintained on file at the school and district level for audit, compliance, and emergency preparedness documentation purposes.

PREPARE. | PLAN. | PRACTICE. | PARTNER. | PROTECT.

Every Student. Every Need.