

EMERGENCY PLANS		STUDENT	SCHOOL/CORP	SCHOOL YEAR
<b>FILE</b> _____ <b>Other</b> _____ Check particular forms of Assistance Mobility assistance _____ doors must be held open _____ supervision (hands-on) _____ supervision (visual) _____ wheelchair must be bumped down/up stairs _____ student must be accompanied on an alternate route _____ elevator (waiver required) _____ other _____	-This student has physical, behavioral, cognitive and perceptual needs which require special plans in the event of emergencies.			
	<b>Classrooms</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. Lunchroom _____ 8. Gym _____ 9. Music Room _____ 10. Art Room _____ 11. Speech Room _____ 12. _____	<b>Same route (circle)</b> 1. yes or no 2. yes or no 3. yes or no 4. yes or no 5. yes or no 6. yes or no 7. yes or no 8. yes or no 9. yes or no 10. yes or no 11. yes or no 12. yes or no	<b>List ALTERNATE ROUTES (if needed)</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____	<b>List Responsible Staff</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

TORNADO		Other
Check particular forms of Assistance Mobility assistance _____ doors must be held open _____ supervision (hands-on) _____ supervision (visual) _____ wheelchair must be bumped down/up stairs _____ student must be accompanied on an alternate route _____ student must be removed from seating _____ needs assistance _____ unassisted _____ elevator (waiver required) _____ other _____		
	<b>Classrooms</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. Lunchroom _____ 8. Gym _____ 9. Music Room _____ 10. Art Room _____ 11. Speech Room _____ 12. _____	<b>Same route (circle)</b> 1. yes or no 2. yes or no 3. yes or no 4. yes or no 5. yes or no 6. yes or no 7. yes or no 8. yes or no 9. yes or no 10. yes or no 11. yes or no 12. yes or no
	<b>List ALTERNATE ROUTES (if needed)</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____	<b>List Responsible Staff</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

**Transportation**

Yes \_\_\_\_\_ NO \_\_\_\_\_

Yes \_\_\_\_\_ NO \_\_\_\_\_

Yes \_\_\_\_\_ NO \_\_\_\_\_

1. An individual transportation form is on file (tep) for this student.

2. This student would have special needs in the event of an evacuation or emergency during transportation.

3. Plans on file with the transportation department of \_\_\_\_\_ (List corporation)