

APPENDIX L

Continued

ASSISTED EVACUATION PLAN FOR STUDENTS WITH SPECIAL NEEDS

Name of Child: _____

Building: _____

Teacher and Room: _____

Reason child needs assistant: _____

Assistance to be given _____

Person responsible: _____

Alternate person responsible: _____

Alternate person responsible: _____

Special arrangements needed as assembly area: _____

Other pertinent information: _____

Attach a copy of the student's class schedule and out-of-classroom services.

Signature of person who prepared plan

Date

Copies on file: Principal

District Office

Substitute information folder

Nurse

Classroom/homeroom teacher

District Emergency Response Plan

Circulate information to all special area or class teachers. Copy of the plan should be kept with the class attendance roster.

Update plan annually by October 1st (review this document).