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| **School Personal Emergency Response Plan**  Complete Form for individuals that may require assistance with an emergency response protocol.  Review and revise at the start of each school year for current students. |
| □ Student □ Employee □ Contractor □ Visitor |
| School Name:  □ One-level building □ Two-level building □ Portable/Modular Classrooms  *(All two-level schools should have an evacuation device/chair.)* |
| Name: Grade (if student): |
| Home Address:  *Address City Zip* |
| Primary Emergency Contact:  Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_­­­\_\_\_  Contact Information:  Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text message? Y N  Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Alternate Emergency Contact:  Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_­­­\_\_\_  Contact Information:  Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text message? Y N  Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preschool and Primary Students:    Teacher: Classroom:  Note SPED, Specials (music, gym, etc.): |
| Secondary Students:  Attach current class schedule and note any off-campus classroom assignments. |
| Employee/Contractor/Visitor:  Describe work areas or locations to be visited: |

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| **Functional or Access Needs Assessment for Emergency Response** | |
| ONGOING IMPAIRMENT:  □ Uses Mobility Device:  □ Manual Wheelchair □ Scooter □ Walker  □ Power Chair □ Crutches □ Other  □ Uses Other Assistive Technology  Describe:    □ Impaired Vision □ Impaired Hearing  □ Orthopedic □ Neurological  □ Social/Emotional Disability  □ Autism Spectrum Disorder  □ Seizure Disorder  □ Developmental Disability  □ Uses Supplied Oxygen □ Sensitivity to Cold  TEMPORARY IMPAIRMENT:  □ Injury □Illness □ Other  Describe: | CAN INDIVIDUAL:  Comprehend emergency alerts such as fire alarm and PA announcements?  □ Yes □ No  Speak and understand English?  □ Yes □ No  Self-evacuate at this school site during fire alarm?  □ Yes □ No  CHECK THOSE THAT APPLY:  □ Requires individual monitor, escort or aide to implement emergency protocol?  □ Student with Special Education IEP?  □ Student with SPED paraprofessional support?  If so, note schedule: |

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| **Personal Emergency Response Plan PAGE 2** | | |
| ***Standard Response Protocols*** | *Check all items that are applicable for this individual.* | *Detail specific plan (or attach) for this individual for each action. Address use of mobility device, need for individual Go-Kit, special considerations for assistance, communication, Power Chair battery life, etc.* |
| **Onsite** (Building Evacuation)  **Offsite** (Leave school site; walk or bused) | □ Evacuate with Class or Self Evacuate  □ Use Evacuation Assistance Room/Area or Elevator if available (2-level building)  □ Evacuation Escort required  □ Imminent Hazard – use of Evacuation Chair or Emergency Carry |  |
| For Hazmat: Stay indoors, shut-off HVAC, close doors and windows to avoid outside air.  For Tornado:  Move to assigned tornado refuge location in main building. | □ Stay with Class  □ Individual Escort Required  □ Visual Aid/Communication Device | HAZMAT:  TORNADO: |
| Exterior doors and windows locked due to outside security threat. | □ Stay with Class  □ Individual Escort Required  □ Visual Aid/Communication Device |  |
| Inside security threat (active shooter). | □ Can Independently Implement Protocol and Maintain Silence  □ Needs Assistance to Follow Protocol  □ Visual Aid/Communication Device |  |

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| **Revisions** | |
| List any revisions made during the school year. Initial and date each change.    Update Training, Review and Approval Sections when significant changes are made. | |
| **Personal Emergency Evacuation Plan PAGE 3** | |
| **Training** | |
| List personnel that need to be trained in this Plan, including:  □ Individual  □ Teachers  □ Emergency Escorts  □ SPED Paraprofessionals  □ Other (list)  Note that all school staff are required to receive training in the Standard Emergency Protocols (Evacuate, Shelter, Lockout, Lockdown), school emergency procedures, Evacuation Assistance rooms or areas (2-level schools), and use of evacuation chairs (2-level schools). This training section addresses additional training needed to implement the Personal Emergency Evacuation Plan. | |
| **Name Date Trainer Initials**  1.  2.  3.  4.  5.  6.  7.  8.  9.  10.  11.  12. | **Name Date Trainer Initials**  13.  14.  15.  16.  17.  18.  19.  20.  21.  22.  23.  24. |
| **Parent/Guardian Review** | |
| Name of Parent/Guardian reviewing Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Review:  □ phone (signature waived)  □ meeting Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments:  Print name of staff member conducting plan review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of School Principal/Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *Complete this form at the beginning of each school year, and review and revise as needed during the year.)* | |

**Glossary**

* Assistive Technology: Any item, piece of equipment, or system, whether acquired commercially, modified, or customized, that is commonly used to increase, maintain, or improve functional capabilities of individuals with tasks that might otherwise be difficult or impossible.
* Evacuation Chair: Device designed to allow a person with a mobility disability to be transported down stairs. Evacuation chairs in 27J schools are designed for weights up to 250 lbs. and require the use of at least one operator. The person will need to be transferred into another chair once travel downstairs has been completed.
* Imminent Hazard: An immediate threat of harm likely to result in serious injury or death.
* Transfer device: Any device to aid in the lifting, moving, and transferring of a person with a mobility disability from one device to another.
* Transport Chair: Wheelchair designed for temporary transport of a person over a flat surface, usually with small wheels that requires another person to push.
* Wheelchair: Wheeled mobility device which is propelled either manually (by pushing the wheels with the hands) or by automation, the path of which is determined by the occupant.

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