STUDENT SCHOOL EMERGENCY EVACUATION RESPONSE PLAN

1. Student INFORMATION	
Name:	EA Name(s)*(if applicabe):*
Grade:	CYW Name(s (*if applicable*):
Daily Schedule and Classroom Locations (*attachment if necessary***):**	

2. EMERGENCY EVACUATION ASSESSMENT		
Does the student experience any of the following that could impede the ability to quickly evacuate the workplace?		
a. Mobility limitations; interference with walking, using stairs, joint pain, use of mobility device (i.e. wheelchair, scooter, cane, crutches, walker, etc.)	☐ Yes	☐ No
b. Vision impairment/loss	☐ Yes	☐ No
c. Hearing impairment/loss	☐ Yes	☐ No
d. Other (please specify):	☐ Yes	☐ No

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3. COMMUNICATION NEEDS & ACCOMMODATIONS
Indicate the student's preferred method of communication in an emergency situation. List any assistive communication devices and/or accommodations required. *Example: student with hearing impairment may require assistive device to receive emergency evacuation information.*

4. CONDITIONS, SENSITIVITIES, DISABILITIES & ACCOMMODATIONS SUMMARY

Indicate any temporary or long-term conditions, sensitivities and/or disabilities that may affect the well-being and safety of the student during emergency response.

Emergency Assistance Required:

5. STUDENT PERSONAL EMERGENCY PREPAREDNESS KIT

Student Personal Emergency Preparedness Kit required? ☐ Yes ☐ No

List Contents (i.e. emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health & contact information, etc.):

Location of Student's Personal Emergency Preparedness Kit:

6. EMERGENCY EVACUATION ROUTES

Indicate primary accessible evacuation route from workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

Indicate alternative evacuation route from classroom, noting any accessibility accommodations required.
Where applicable, attach site map/fire safety plan and identify meeting location.

7. EMERGENCY ASSISTANCE NETWORK

Establish staff to assist the student with a disability during emergencies. Staff should:

- be physically and mentally capable of performing the task and not require assistance themselves
- share the same hours in the same area as the student they will be assisting

The student requiring a School Emergency Evacuation Response Plan should be aware of those who will be notified to assist them during an emergency. **A minimum of 2 people is recommended for the Emergency Assistance Network.**

Network Leader Name: Classroom/Department: Contact Info:	Name: Classroom/Department: Contact Info:
Name: Classroom/Department: Contact Info:	Name: Classroom/Department: Contact Info:

8. ACKNOWLEDGEMENT & RELEASE

Reason for review: ☐ new admission ☐ change in classroom location ☐ change in student's condition

Principal's Signature _____ Date _____

I acknowledge that the information contained on this form is accurate and hereby authorize Toronto Catholic District School Board to release applicable personal information contained within the Student School Emergency Response Plan to designated individuals within my son's or daughter's Emergency Assistance Network and emergency/first responders, in the event of a school emergency evacuation situation.

Parent's Signature _____ Date _____

PLEASE ENSURE THAT THE ORIGINAL COMPLETED STUDENT SCHOOL EMERGENCY EVACUATION RESPONSE FORM (WITH ATTACHMENTS) IS ACCESSIBLE TO ALL STAFF IN THE EVENT OF AN EMERGENCY AND A COPY FILED IN THE SCHOOL OFFICE.

All personal information collected on this form and any attachments herein will be used for Student School Emergency Evacuation Response purposes only and will remain confidential as per MFIPPA unless written consent is obtained from the student's parent(s) or guardians (completion of Section 8).