

RECOMMENDATIONS & PLAN FOR EMERGENCY EVACUATION OF INDIVIDUALS WITH DISABILITIES

Recommendations to be made by:

Physical Therapist (PT) for students with *mobility* concerns

Principal (or designee) for students with *cognitive or behavior* concerns

Student(s)	Student #s	School / Grade / Program (SPED, Gen Ed 504)	
1. John Doe 2. Jane Doe	1. abababz 2. cdcdcdy	1. Jackson MS / 7 / SPED 2. Jackson MS / 8 / SPED	
Recommendations By =	PPS Therapist, PT PPS SPED Teacher, Life Skills	Date	9-4-13

General Description of Student's Abilities

Mobility equipment	All are wheelchair dependent
Ability to communicate	No verbal communication; limited gestures & facial communication
Ability to ambulate in emergency	Non-ambulatory; Ambulate by wheelchair transport
Ability to understand evacuation procedure	Very limited
Safety &/or risk consideration	Both are 2-persons lifts in the event they need to be transferred out of wheelchair

Evacuation Method Recommended

√ If Yes	Device	Location(s)	Comments
<input type="checkbox"/>	Evacutrac		
<input type="checkbox"/>	Stryker		
<input checked="" type="checkbox"/>	Wheelchair	With student	Single level location with ADA access; wheelchair to be pushed preferably by adult, but alternatively by responsible student under adult supervision
<input type="checkbox"/>	Adult escort		
<input type="checkbox"/>	Other		

SCHOOL PLAN FOR EMERGENCY EVACUATION OF INDIVIDUALS WITH DISABILITIES
Plan to be completed & finalized by Principal (or designee)

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Staff Assigned to Aid Individuals with Disabilities (Choose either AM/PM or periods)

Period	Student's Primary Location	Primary Plan Evac. Equipment Equip. Location Exit Route	Backup Plan	Designated Staff	Designated Substitute
AM					
PM					
1	Rm 139 Life Skills	Wheelchair Closest Accessible Route	None	Paras 1 & 2	Paras 3 & 4
2	Rm 139	Wheelchair Closest Accessible Route	None	Paras 1 & 2	Paras 3 & 4
3	Rm 139	Wheelchair Closest Accessible Route	None	Paras 1 & 2	Paras 3 & 4
4	Choir Room	Wheelchair Closest Accessible Route	None	Paras 2 & 4	Paras 1 & 3
Lunch	Cafeteria	Wheelchair Closest Accessible Route	None	Paras 1 & 3	Paras 2 & 4
5	Rm 139	Wheelchair Closest Accessible Route	None	Paras 1 & 2	Paras 3 & 4
6	Rm 139	Wheelchair Closest Accessible Route	None	Paras 1 & 2	Paras 3 & 4
7	Gym	Wheelchair Closest Accessible Route	None	Paras 1 & 2	Paras 3 & 4
8					
Misc.					

Staff Training

Date of Training	9-3-13	Trainer(s)	PPS Therapist, PT PPS Therapy Assistant, LPTA
List of Trainees	List all here OR write "See attached list" & attach trainee sign-in sheet to document		

Signatures:

Physical Therapist: _____ Site Principal: _____

Risk Management: _____ Regional Administrator: _____