

# 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.	1.	1.	
2.	2.	2.	
3.	3.	3.	
Recommendations By =		Date	

## General Description of Student's Abilities

<b>Mobility equipment</b>	
<b>Ability to communicate</b>	
<b>Ability to ambulate in emergency</b>	
<b>Ability to understand evacuation procedure</b>	
<b>Safety &amp;/or risk consideration</b>	

## Evacuation Method Recommended

√ If Yes	Device	Location(s)	Comments
<input type="checkbox"/>	Evacutrac		
<input type="checkbox"/>	Stryker		
<input type="checkbox"/>	Wheelchair		
<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)*

Student(s)	Student #s	School / Grade / Program (SPED, Gen Ed 504)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

**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					
2					
3					
4					
Lunch					
5					
6					
7					
8					
Misc.					

**Staff Training**

Date of Training		Trainer(s)	
List of Trainees			

**Signatures:**

Physical Therapist: \_\_\_\_\_ Site Principal: \_\_\_\_\_

Risk Management: \_\_\_\_\_ Regional Administrator: \_\_\_\_\_