

SAFE SCHOOLS DRILL

Date of Report _____

Name of School: _____

Drill Date: _____

Time: _____

Day of Week: _____

Duration: _____

Drill Objectives: 1. _____

2. _____

3. _____

Specific Staff Involved: _____

Describe Drill Outcome: _____

What worked well: _____

Areas needing attention: _____

Other: _____

Person completing form: _____