

School Drill Documentation Form

Type of Drill	Number/Schedule
Fire	Five – Three drills must be completed by December 1
Tornado	Two – One drill must be completed in March
Safety/Security	Three – One drill must be completed prior to December 1 and one after January 1 <ul style="list-style-type: none"> One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material. One drill shall include security measures of a potentially dangerous individual on or near the school premises. Seek input from the administration of the school and local public safety on the nature of the drill.
<i>Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i>	

School: Pathways High School

Principal: Rich Place

Date of drill: 9/6/23 Number of students: 32 Number of staff: 9

Time initiated: 11:15 (a.m./p.m.) Time concluded: 11:25 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for: _____ Fire drill number 1 2 3 4 5 for the 2023/2024 school year
 (circle number next to applicable drill)

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Rich Place

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 9/6/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

*Must post on the school's website within 30 days after completing the drill.
 The form must be maintained on the school website for at least three years.*

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<i>Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i>	

School: Pathways High School

Principal: Rick Place

Date of drill: 10/4/23 Number of students: 23 Number of staff: 7

Time initiated: 11:28 (a.m./p.m.) Time concluded: 11:32 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for:
 (circle number next to applicable drill)

Fire drill number 1 **2** 3 4 5 for the 2023/2024 school year

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Rick Place

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 10/11/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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<i>Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i>	

School: Parma High School

Principal: Rick Place

Date of drill: 10/03/23 Number of students: 15 Number of staff: 8

Time initiated: 12:00 (a.m./p.m.) Time concluded: 12:15 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input checked="" type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for:
 (circle number next to applicable drill)


Fire drill number **1** **2** **3** **4** **5** for the 2023/2024 school year

Tornado drill number **1** **2** for the 2023/2024 school year

Safety/Security drill number **1** **2** **3** for the 2023/2024 school year

Name of person conducting drill: Rick Place

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 10/23/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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<i>Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i>	

School: Pathways High School

Principal: Bick Place

Date of drill: 10/25/23 Number of students: 116 Number of staff: 8

Time initiated: 9:07 (a.m./p.m.) Time concluded: 9:13 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for:
 (circle number next to applicable drill)


Fire drill number 1 2 **3** 4 5 for the 2023/2024 school year

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Bick Place

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 10/25/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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<i>Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i>	

School: Portways High School

Principal: Bick Place

Date of drill: 11/16/23 Number of students: 37 Number of staff: 8

Time initiated: 12:38 (a.m./p.m.) Time concluded: 12:45 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for: _____ Fire drill number 1 2 3 4 5 for the 2023/2024 school year
 (circle number next to applicable drill)

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Bick Place

Title of person conducting drill: Principal

Signature or person conducting drill: _____ Date: 11/16/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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<i>Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i>	

School: Pathways High School

Principal: Charlie Glaes/Kelli Luke

Date of drill: 1/18/24 Number of students: 20 Number of staff: 7

Time initiated: 2:00 (a.m./p.m.) Time concluded: 2:15 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for: _____ Fire drill number **1 2 3 4 5** for the 2023/2024 school year
 (circle number next to applicable drill)

Tornado drill number **1 2** for the 2023/2024 school year

Safety/Security drill number **1 (2) 3** for the 2023/2024 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: Kelli Luke Date: 1/18/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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<i>Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i>	

School: Pathways

Principal: Kelli Luke

Date of drill: 2/8/24 Number of students: 26 Number of staff: 8

Time initiated: 2:05 (a.m./p.m.) Time concluded: _____ (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for: _____ Fire drill number **1 2 3 4 5** for the 2023/2024 school year
 (circle number next to applicable drill)

Tornado drill number **1 2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: Kelli Luke Date: 2/8/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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<i>Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i>	

School: Pathways High School

Principal: Kelli Luke

Date of drill: 3/21/24 Number of students: 28 Number of staff: 7

Time initiated: 10:00 (a.m./p.m.) Time concluded: 10:22 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for:
 (circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2023/2024 school year

Tornado drill number **1 2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: Kelli Luke Date: 3/21/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

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School: Pathways High School

Principal: Kelli Luke

Date of drill: 4/18/24 Number of students: 45 Number of staff: 7

Time initiated: 12:15 (a.m./p.m.) Time concluded: 12:45 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for:
 (circle number next to applicable drill)

Fire drill number **1** **2** **3** **4** **5** for the 2023/2024 school year

Tornado drill number **1** **2** for the 2023/2024 school year

Safety/Security drill number **1** **2** **3** for the 2023/2024 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: Kelli Luke Date: 4/18/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Pathways High School

Principal: Kelli Luke

Date of drill: 4/25/24 Number of students: 9 Number of staff: 7

Time initiated: 2:30 (a.m./p.m.) Time concluded: _____ (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for:
 (circle number next to applicable drill)


Fire drill number 1 2 3 4 **5** for the 2023/2024 school year

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 4/25/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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