

**COMMONWEALTH OF VIRGINIA**

**DEPARTMENT OF EDUCATION**

**PRIVATE SCHOOLS FOR STUDENTS WITH DISABILITIES**

P. O. Box 2120

Richmond, Virginia 23218-2120

Fax Number: 804-371-8796

**NOTICE OF A SCHOOL-WIDE EMERGENCY SITUATION**

***(****Contact the monitoring specialist assigned to your school within 24 hours)*

**PART 1: CURRENT SCHOOL INFORMATION**

Name of School:       Mailing Address:

 Physical Address:       Contact Person:       Telephone Number:       Web Address:

 Date(s) of Emergency:       Time:

 E-Mail Address:

**PART II: SELECT AND DESCRIBE THE TYPE OF EMERGENCY, INCLUDING ITS IMPACT ON THE OPERATION OF THE SCHOOL.**

 Intruder       Power Outage

 Hostage Situation       Fire

 Weapons       Flood/Water Damage

 Gang Violence       Tornado

 Riot       Earthquake

 Bomb Threat       Hurricane/Tropical Storm/Storm

 Heating/Cooling Emergency       Nuclear Radiation

 Gas/Fumes       Other (Specify)

**PART III: INJURY(IES)**

1. Was anyone injured?

Student(s) Yes [ ]  No [ ]  If yes, number(s)

Faculty Yes [ ]  No [ ]  If yes, number(s)

Assailant(s) Yes [ ]  No [ ]  If yes, number(s)

1. Describe the nature of the injury(ies)

**PART IV: IMPACT ON THE SCHOOL**

1. Describe the impact of emergency on students, staff, and instruction
2. Describe the condition and status of the school
3. Identify the actions taken by the school

**PART V: COMMUNICATION**

1. Check the emergency personnel contacted: [ ]  Police/Sherriff [ ]  Fire/Rescue [ ]  Power Company
2. Communication with parents. Telephone [ ]  Fax [ ]  Email [ ]  Text [ ]
3. Communication with placing school divisions. Telephone [ ]  Fax [ ]  Email [ ]  Text [ ]
4. Communication with placing agency. Telephone [ ]  Fax [ ]  Email [ ]  Text [ ]
5. Was the media involved? Yes [ ]  No [ ]

**Submitted By:**

Name of Authorized School Official:      Title:

Signature of Authorized School Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**For Official Use Only**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Signature of VDOE Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_