

**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: \_\_\_\_\_\_\_