

Regional Office of Education # 17
DeWitt – Livingston – Logan – McLean Counties
District Annual Review of Safety Plans, Protocols, Procedures, and School Safety Drills Report
(as required by Public Act 94-0600)

District: _____ Fiscal year: _____

1. Summary of changes to the existing school safety plans and drill plans as recommended at the Annual Review meeting(s):

2. a. Date of Annual Review meeting(s): _____
b. Participants and attendance record: _____ Attached OR _____ Listed below

3. _____ A check (✓) certifies that the school district conducted an effective review of the emergency and crisis response plans, protocols, and procedures and the school safety drill programs of the district and each of its school buildings.

4. _____ A check (✓) indicates that the school district will implement those plans, protocols, procedures, and programs, during the academic year.

Signature of school board designee

Title of school board designee

Date