



Madison-Oneida

Board of Cooperative Educational Services

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Celebrating 50 years

1968-2018

CENTRAL ADMINISTRATION

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SCOTT BUDELMANN, Assistant Superintendent for Administrative Services, sbudelmann@moboces.org

TO: Jim Weaver
Katie Allen

FROM: Patricia Vacca 
Assistant Superintendent for Curriculum & Instruction

DATE: October 5, 2017

RE: Assisted Evacuation Plans

Please work with your leaders to distribute and complete as necessary for those students who require assistance when evacuating your building, or determine if plans already exist. (Your building nurse may already have developed these plans.)

Madison-Oneida BOCES
<<insert school year>>
ASSISTED EVACUATION PLAN FOR STUDENT WITH SPECIAL NEEDS

Student Name: _____ Age: _____ Home School District: _____

Building/Program: _____

Teacher and room #: _____ 1:1 aide (on IEP): Yes or No

Reason child needs assistance _____

Support needed/assistance to be given to exit building: _____

Person/people responsible: Person: _____

Alternate: _____

Alternate: _____

Special arrangements needed at assembly area or other areas: _____

Other pertinent information _____

Attach copy of student's class schedule or schedule out-of-classroom services.

Signature of person who prepared plan

Date

Copies on file: **Host School Building Principal** **Classroom/Homeroom Teacher**
 Nurse **Substitute Information Folder**
 BOCES Building Office/Administrator **District Emergency Response Plan**
 Division Director

Circulate information to all special area or class teachers.

Copy of plan should be kept with class attendance roster and in envelope attached to Emergency Response Plan.