

Post-Drill Campus Feedback Form

The date of the drill(s):					
The drill(s) we conducted were:					
<input type="checkbox"/> Fire/ Evacuation	<input type="checkbox"/> Secure	<input type="checkbox"/> Lockdown	<input type="checkbox"/> Shelter (Severe Weather)	<input type="checkbox"/> Shelter (Hazmat)	<input type="checkbox"/> Hold
Feedback					
I was informed of this drill before it took place.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
The students in my care responded well to this drill.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
The drill was realistic enough to simulate an actual event.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Lessons Learned					
What happened during the drill?					
What was supposed to happen?					
Why were there differences?					
Improvement Sharing					
How could this drill have been better?					
My suggestion for future drills is:					
I am better prepared because of drills like this.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Completed					
Completed by:				Date Submitted:	
Would you like a campus administrator to follow up with you?					<input type="checkbox"/> Yes <input type="checkbox"/> No