

# 2025 - 2026

## Leon County School District, **Emergency Drill (After-action Report)**

Mandated by: The State of Florida and the Department of Education

Email completed drill form to: [DrillForm@leonschools.net](mailto:DrillForm@leonschools.net)

School: \_\_\_\_\_ Students / Faculty (Circle all participants) Date: \_\_\_\_\_

### Emergency Drill Conducted: (Circle One Below)

Active Assailant / Severe Weather / Natural Disaster / Hazardous Materials / Reunification

### Time of Day: (Circle One Below) N/A cannot be used.

Within one hour of school start time / During lunch / Between classes / Within one hour of school end time

|                                 |                        |
|---------------------------------|------------------------|
| Student and/or Faculty actions: | Areas of success:      |
| Areas for improvement:          | Law enforcement input: |

\*\*If a Corrective Action Plan is needed, please submit a separate page with this drill form\*\*

### Emergency drills must test all applicable functions included in the threat scenario.

**\*\*Indicate scenarios tested during drill\*\***

**Panic button activated:** YES / NO

**Action taken:** Lockdown / Shelter in place / Evacuation

**Simulated communications with first responders:** YES / NO

**Notification to parents:** YES / NO

**Appropriate protective actions taken:** Lights off / Barricade doors / Cover windows

### School Administrator

### Law Enforcement Officer

|                     |                                     |
|---------------------|-------------------------------------|
| Print Name & Title: | Print Name / Agency / Badge Number: |
| Signature & Date:   | Signature & Date:                   |

### District Security Center



Print Name:

Signature and Date:



# 2025 - 2026

## Leon County School District, Fire Drill (After-action Report)

Mandated by: The State of Florida and the Department of Education

Email completed drill form to: [DrillForm@leonschools.net](mailto:DrillForm@leonschools.net)

School: \_\_\_\_\_ Students / Faculty (Circle all participants) Date: \_\_\_\_\_

Time of Day: (Circle One Below) N/A cannot be used

Within one hour of school start time / During lunch / Between classes / Within one hour of school end time

| Student and/or Faculty actions: | Areas of success: | Areas for improvement: |
|---------------------------------|-------------------|------------------------|
| <br><br><br><br><br>            |                   |                        |

\*\*If a Corrective Action Plan is needed, please submit a separate page with this drill form\*\*

Fire drills must test all applicable functions included in the scenario.

**\*\*Indicate scenarios tested during drill\*\***

**Panic button activated:** YES / NO

**Evacuation:** YES / NO

**Simulated communications with first responders:** YES / NO

**Notification to parents:** YES / NO

\*\*Signature below from school administrator indicates fire drill was completed in accordance with the Florida Fire Prevention Code, located at <https://www.myfloridacfo.com/division/sfm/bfp/florida-fire-prevention-code>

### School Administrator

### District Security Center

|                     |                   |
|---------------------|-------------------|
| Print Name & Title: | Print Name:       |
| Signature & Date:   | Signature & Date: |

