



[School Name]  
Special Needs Procedures Summary Sheet

Day:

Start Time/End Time:

Name:	Room #	Special Need	Primary Assistant	Secondary Assistant	Primary Evacuation Route	Secondary Evacuation Route	Evacuation Equipment Type & Location

Completed By:

Date Completed:

Date Revised:

<div>[School Name]</div> <div>Individualized Special Needs Procedures</div>							
NAME:							
Special Need:							
Start Time:	End Time:	Room #	Primary Assistant	Secondary Assistant	Primary Evacuation Route	Secondary Evacuation Route	Evacuation Equipment Type & Location
Completed By:							
Date Completed:							
Date Revised:							

A copy of this document should be provided to a student's parent/guardian.