# Icon  Description automatically generated

# PEEP - *Student*

# Personal Emergency Evacuation Plan

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| **Student Details** |
| **Student’s Name:** |  | **Student Photo** |
| **Classroom/Room Number:** |  |  |
| **Classroom Phone Extension:** |  |
| **Grade/Class:** |  |
| **Name of Classroom Teacher:** |  |
| **Name of ES:** |  |

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| **PEEP Review Details** |
| **Date of PEEP review:** |  |
| **PEEP Review Team:** |  |

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| **Details of Impairment – *Completed by the parent*** |
| **Mobility Impairment** | [ ]  **Unable to walk**[ ]  **Cannot transfer/move easily**[ ]  **Unable to use stairs**[ ]  **Can only use stairs with assistance**[ ]  **Temporary issues, e.g. broken leg**[ ]  **Other:** | ***Description of impairment:*** |
| **Hearing / Vision / Cognitive Impairment** | [ ]  **Hearing impairment**[ ]  **Vision impairment** [ ]  **Cognitive impairment** | ***Description of impairment:*** |
| **Health Care Need** | [ ]  **Diabetes**[ ]  **Epilepsy**[ ]  **Asthma**[ ]  **Anaphylaxis**[ ]  **Other:**  | ***Description of health care needs:*** |
| **Behavioural Needs** | [ ]  **ADHD**[ ]  **Autism**[ ]  **ODD**[ ]  **Anxiety**[ ]  **Other:** | ***Description of behavioural needs:*** |

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| **Details of Assistance – *Completed by the parent/guardian*** |
| **What type of assistance is required?** *(Please describe the procedure/actions necessary to assist)* |  |
| **Is an assistance dog involved?**  | **No** [ ]  **Yes** [ ]  |
| **Equipment required for evacuation:**  | **Equipment** | **Who provides the equipment** | **Storage location** |
| [ ]  **Wheelchair**[ ]  **Walking frame**[ ]  **Crutches**[ ]  **Medication**[ ]  **Fidget toy**[ ]  **Social story**[ ]  **Hearing protection**[ ]  **Hearing mic system (only useful for indoor evacs)**[ ]  **Portable ramp**[ ]  **Other:** |  |  |

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| **Details of Assistance** |
| **Does the student understand the general emergency response and evacuation procedure?**  | **Yes** [ ]  **No** [ ]  |
| **How will the student receive updates to the emergency response procedures?** *(E.g. email, Braille, Social Story, Student Induction etc.)* |  |
| **Are relevant staff trained in the required evacuation equipment?** E.g. Trained in the Wheelchair Safe Work Procedure. (*please ensure their name is added to the SWP* *and it is attached to the wheelchair*)?  | **Yes** [ ]  **No** [ ]  | *Details of training:* |
| **Are there areas of the school to avoid?** E.g. no wheelchair access: |  |
| **Is support required from additional staff?** *Please provide details of their name and contact details.* | **Yes** [ ]  **No** [ ]  | *Full name of support staff member/s:* |
| *Contact details of support staff member/s (Can be listed in school documents, e.g. IMT Contacts QR):* |
| *Primary work location of support staff member/s:* |
| *If support is required, how will the support staff member/s be contacted?* |
| *If the allocated support staff member/s is absent, who is the deputy? Please provide details of their name and contact details:* |

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| **Specific Procedure – *Completed by the school*** |
| **How will the student be notified of an emergency?** *(E.g. visual alarm, personal vibrating device, SMS, Support Staff/teacher notifies, etc or N/A)* |  |
| **What is the Step-by-Step Evacuation Procedure?***(List the procedure agreed with the parent/carer and/or student)* |  | **Step-by-Step Instructions:** | **Who is Involved:** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
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| **9** |  |  |
| **10** |  |  |

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| **Map of Preferred Route** |
| **If required, include diagram of preferred route for assisted evacuation: (Please provide map/diagram):** |

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| **Sign Off PEEP** |
| **Review Date of PEEP:** |  |
| **Position/Title/Role** | **Signature** | **Date** |
| **Teacher signature:** |  |  |
| **ES/Support Staff signature:** |  |  |
| **Chief Warden signature:** |  |  |
| **Parent/Guardian signature:** |  |  |

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| **Distribution List** |
| **Name** | **Position/Role** | **Mobile** | **Email** |
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