HEALTH LIFE SAFETY ANNUAL REVIEW MEETING REPORT

District: ________________________________    Fiscal Year: ________________________________

1) Summary of Changes to the existing school safety plans and drill plans as recommended at the Annual Review meeting(s):

2) A. Date of Annual Review meeting(s): ________________________________________________________
   B: Participants and attendance Record: _____Attached   OR _____Listed Below

3) _______ A check certifies that the school district conducted an effective review of the emergency and crisis response plans, protocols, and procedures and the school safety drill programs of the district and each of it's school buildings

4) _______ A check indicates that the school district will implement those plans, protocol, procedures, and programs, during the academic year.

5) ________________________________    ________________________________
   Signature of school board designee    Title of school board designee

__________________________
Date