

Regional Office of Education
District Annual Review of Safety Plans, Protocols, Procedures, and School Safety Drills Report
(as required by [Public Act 94-0600](#) and [105 ILCS 128/25](#))

District: _____ Fiscal Year _____

1. a. Date of Annual Review meeting(s): _____
b. Participants and attendance record: Attached OR Listed below

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

3. a. Date of Threat Assessment Meeting(s): _____
b. Participants and attendance record: Attached OR Listed below

ROE: Procedures Recd _____(date) Law Enforcement Notified _____(date)

4. A check (✓) indicates that your school district has filed its threat assessment procedures with a local law enforcement agency and the regional office of education.
5. A check (✓) certifies that your 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 its school buildings.
6. A check (✓) indicates that your school district will implement those plans, protocols, procedures, and programs, during the academic year.
7. A check (✓) indicates that your school district conducted an effective review of the district's cardiac emergency response plan.

Signature of school board designee

Title of school board designee

Date