

## COMPREHENSIVE SCHOOL SAFETY ASSESSMENT COVER SHEET

School District: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

School Building/Campus: \_\_\_\_\_

Team Composition:

School Safety Coordinator: \_\_\_\_\_

District/Building Administrator: \_\_\_\_\_

Individual who is not assigned to the facility being assessed:

\_\_\_\_\_

Collaboration:

Law Enforcement Agency: \_\_\_\_\_

Officer/Deputy Name: \_\_\_\_\_

Officer/Deputy Signature: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Firefighter Name: \_\_\_\_\_

Firefighter Signature: \_\_\_\_\_

Office of Emergency Management: \_\_\_\_\_

Emergency Management Official Name: \_\_\_\_\_

Emergency Management Official Signature: \_\_\_\_\_

A comprehensive school safety assessment shall include without limitation an assessment of the following: (Check the box identifying it as complete)

	Safety and security of the site and exterior of buildings
	Access control
	Safety and security of the interior of buildings
	Monitoring and surveillance, including without limitation type and extent.
	Communication and information security
	Review of emergency operation plans
	School climate and culture

School Safety Coordinator Name: \_\_\_\_\_

School Safety Coordinator Signature: \_\_\_\_\_