

## School Drill Documentation Form

Type of Drill	Number/Schedule
Fire	Five – Three drills must be completed by December 1
Tornado	Two – One drill must be completed in March
Safety/Security	Three – One drill must be completed prior to December 1 and one after January 1 <ul style="list-style-type: none"> <li>One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material.</li> <li>One drill shall include security measures of a potentially dangerous individual on or near the school premises.</li> <li>Seek input from the administration of the school and local public safety on the nature of the drill.</li> </ul>

*Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.*

School: Pathways High School

Principal: Kelli Luke

Date of drill: 10/7 Number of students: 15 Number of staff: 8

Time initiated: ~~10:05~~ 10:05 (a.m./p.m.) Time concluded: 10:20 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: \_\_\_\_\_

This report is for:  
 (circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 2024/2025 school year

Tornado drill number 1 2 for the 2024/2025 school year

Safety/Security drill number 1 2 3 for the 2024/2025 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: Kelli Luke Date: 10/7/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Must post on the school's website within 30 days after completing the drill.  
 The form must be maintained on the school website for at least three years.*

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*Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.*

School: Pathways High School

Principal: Kelli Luke

Date of drill: 10/28/24 Number of students: 28 Number of staff: 8

Time initiated: 11:00 (a.m./p.m.) Time concluded: 11:03 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input type="checkbox"/> During class time	<input checked="" type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: \_\_\_\_\_

This report is for:  
 (circle number next to applicable drill)

Fire drill number **1** **2** **3** **4** **5** for the 2024/2025 school year

Tornado drill number **1** **2** for the 2024/2025 school year

Safety/Security drill number **1** **2** **3** for the 2024/2025 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 10/28/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

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School: Pathways High School

Principal: Kelli Luke

Date of drill: 11/12/24 Number of students: 112 Number of staff: 8

Time initiated: 9:00 (a.m./p.m.) Time concluded: 9:05 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: \_\_\_\_\_

This report is for:  
 (circle number next to applicable drill)

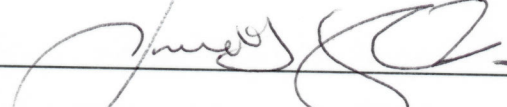
Fire drill number **1** **2** **3** **4** **5** for the 2024/2025 school year

Tornado drill number **1** **2** for the 2024/2025 school year

Safety/Security drill number **1** **2** **3** for the 2024/2025 school year

Name of person conducting drill: James Young JR

Title of person conducting drill: Social Studies Teacher

Signature or person conducting drill:  Date: 11/12/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

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School: Pathways High School

Principal: Kelli Luke

Date of drill: 11/19/24 Number of students: 22 Number of staff: 8

Time initiated: 2:05 (a.m./p.m.) Time concluded: 2:09 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: \_\_\_\_\_

This report is for: \_\_\_\_\_  
 (circle number next to applicable drill)

Fire drill number **1** **2** **3** **4** **5** for the 2024/2025 school year

Tornado drill number **1** **2** for the 2024/2025 school year

Safety/Security drill number **1** **2** **3** for the 2024/2025 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: Kelli Luke Date: 11/19/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

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School: Pathways High School

Principal: Kelli Luke

Date of drill: 12/16/24 (12/12/24) <sup>-Snow Day</sup> Number of students: 17 Number of staff: 8

Time initiated: 9:50 (a.m./p.m.) Time concluded: 10:00 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: \_\_\_\_\_

This report is for:  
 (circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2024/2025 school year

Tornado drill number **(1) 2** for the 2024/2025 school year

Safety/Security drill number **1 2 3** for the 2024/2025 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill: *Kelli Luke* Date: 12/16/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

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School: Pathways High School

Principal: Kelli Luke

Date of drill: 12/16/24 Number of students: 17 Number of staff: 8

Time initiated: 2:05 (a.m./p.m.) Time concluded: 2:15 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input type="checkbox"/> During class time	<input checked="" type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

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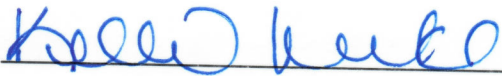
Fire drill number **1 2 3 4 5** for the 2024/2025 school year

Tornado drill number **1 2** for the 2024/2025 school year

Safety/Security drill number **1 (2) 3** for the 2024/2025 school year

Name of person conducting drill: Kelli Luke

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 12/16/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

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Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

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