TEACHER EMERGENCY REPORT FORM

Teacher Name ___________________________ Room Number ______

Your Name if Substitute ___________________________

Place an X here if teacher has no student this period ☐

Names of adults with you and your class — include aides, parents, etc.

__________________________________________________________________________

__________________________________________________________________________

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Total number of students on your roster this period ☐

Place an X here if all students are present ☐

Names of absent students:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Names of students missing from assembly area — these students were in class at the beginning of the period and are not in your area — please report where they may be — for example — restroom, nurse, counseling or unknown:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

 Names and location of injured persons:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Names of students under your supervision who are not on your roster:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

2017-08-31