



RECORD OF LOCKDOWN PRACTICE

Date: _____

School Building/Location: _____

Principal Administrator/Supervisor: _____

Youth Engagement Officer: _____
(Police of Jurisdiction)

Record of Lockdown Practice				
Date:		Time of day:		
Observations:				
Suggestions for Improvement:				

Signature Administrator/Supervisor _____

Signature Youth Engagement Officer _____
(Police of Jurisdiction)

**One copy to be kept on school file, one copy to be sent to the Office of the Superintendent*