Lockdown / Lockout Debrief Form

School:		Leader Notified: □Yes □No
Name of Person Completing form:		Date:
Staff Involved:		
1.	2.	
3.	4.	
What do you feel went well? Why?		
☐ Communication		
☐Definition of Roles		
☐ Education		
☐Use of Emergency Guidelines		
☐ Process Flow		
What do you feel could use improvement? Why?		
☐ Communication		
☐Definition of Roles		
☐ Education		
☐Use of Emergency Guidelines		
☐ Process Flow		

Please provide a brief description of the situation:

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On a scale of 0-10, please make a check mark by your comfort level in this situation with the process of knowing what to do in the Lockdown/Lockout at your school/childcare site with 10 being the most comfortable and 0 being the most uncomfortable:											
□ 0	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10	
How long was it from the time the incident happened (or was first responded to) to the time someone called 911? Please specify in minutes:											