Private School Annual Review Compliance Report
School Safety Drill Act (105 ILCS 128 *et seq.*)

Name and Address of School: (please print except when signing the signature line.)

_____

_____

(Please check the appropriate boxes below.)

a) Annual Review

	Yes	No	
(1)	☐	☐	This school conducted, at a minimum, one annual review of each of its building's emergency and crisis response plans, protocols and procedures and each building's compliance with the school safety drill programs. For further information, see 105 ILCS 128 §§ 25 and 30(a).
(2)	☐	☐	Changes were made to this school's response plans, protocols and procedures, as necessary.

Annual Review Date(s): _____

b) Attendance Record In addition to your school's principal (or designee), the following parties are required to participate in your school's annual review:

Principal(s) or designee(s): _____

Representatives from local first responder organizations (fire and/or police) who participated, advised and consulted in the review process (please identify their representative organization):

Any other persons who will aid in the review process, including but not limited to, any members of any education-related organization or the first responder or emergency management community:

c) Certification

By signing below, the undersigned certifies (1) that the parties listed above were invited to the annual review and provided with a minimum of 30-days' notice before the date of the annual review; and (2) an effective review of the emergency and crisis response plans, protocols and procedures and the school safety drill programs for all/every school building at _____ located at _____ (address) has occurred.

By signing below, the undersigned certifies that the subject school will implement those plans, protocols, procedures and programs during the upcoming academic year.

Name: _____ Title: _____

Date: _____ Signature: _____

This report is to be completed each calendar year. A copy of this Report is to be sent to each party that participates in the review, such as Fire Department, Fire Protection District, Police Department or Sheriff's Department. The original Report is to be sent each calendar year to the Office of the State Fire Marshal. This form may be submitted electronically or mailed to: Office of the State Fire Marshal, Division of Fire Prevention, 1035 Stevenson Drive, Springfield, IL 62703.

SUBMIT