After Action Review and Improvement Plan

Name/Title of individual completing report:

Signature:

School/Site:

Date of Incident:

Drill/Exercise Incident

Drill/Exercise (Select one of the following):

- **Fire**
- **Lockdown (INTERNAL threat)**
- **Lockdown (EXTERNAL threat)**
- **Evacuation**
- **Other (please specify):**

Drill/Exercise Type (Select one of the following):

- **Tabletop Exercise (TTX)**
- **Functional Exercise**
- **Full-scale Exercise**
- **Other (please specify):**

Incident Response (Select one of the following):

- **Fire**
- **Lockdown (INTERNAL threat)**
- **Lockdown (EXTERNAL threat)**
- **Evacuation**
- **Other (please specify):**

Description of Incident:

_____

_____

_____

Participation (Provide a list of individuals or agencies participating in the event):

_____
_____
_____

Timeline of Events:

_____
_____
_____

Lessons Learned (Provide an overview of lessons learned related to staff, students, training coordination, impact to school operations, etc.):

_____
_____
_____

Successes (Provide special recognition to individual and school staff efforts, tasks accomplished, etc.):

_____
_____
_____

Recommendations (Provide any recommendations for improvements or changes to the emergency plan and procedures and how they will be addressed):

_____
_____
_____

Additional Notes:

_____
_____
_____
_____
_____
_____