

SANTA MARIA HIGH SCHOOL
EMERGENCY RESPONSE
Student Accountability Form

TEACHER _____ ROOM _____

SUBSTITUTE TEACHER (if applicable) _____

DATE _____ TIME _____

TOTAL NUMBER OF STUDENTS PRESENT _____

TOTAL NUMBER OF ADULTS PRESENT _____

LIST NAMES OF STUDENTS WHO WERE **NO SHOW** TO CLASS:

LIST NAMES OF STUDENTS WHO **DID NOT** REPORT TO ASSEMBLY AREA:

LIST NAMES OF STUDENTS SENT TO ANOTHER LOCATION:

_____ Location: _____

_____ Location: _____

_____ Location: _____

LIST NAMES OF **OTHER** STUDENTS WITH YOU WHO ARE **NOT** ENROLLED IN
YOUR CLASS:

