

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**FIRE PLAN FOR FAMILY RESPITE CENTERS**  
**EMERGENCY EVACUATION SUMMARY**

**Guest Name:** \_\_\_\_\_

- 1 - **Total Assistance** – Guest may be unable to ambulate, may use a wheelchair, or may exhibit a behavioral or medical (i.e. seizure) response that warrants this level of assistance.
- 2 - **Physical Assistance** – Guest may have an unsteady gait, guest may have a visual or hearing impairment, or may otherwise need assistance ambulating.
- 3 - **Verbal Assistance** - Verbal Prompt needed
- 4 - **Independent** - Able to respond to alarm and/or emergency without assistance

**Comments:**

\*\*Evacuation routes and meeting places will be reviewed during each stay.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Signature : \_\_\_\_\_

Additional reviews:

<b>Review Date</b>	<b>Signature</b>	<b>Review Date</b>	<b>Signature</b>