

JONES COUNTY SCHOOLS
TRANSPORTATION DEPT.
IMPLEMENTATION ACTIVITY

FIRE DRILL

ROUTE# _____
DUE DATE: _____

Activity Topic: _____

Date of Session: _____

Projected Outcome of Activity: _____

Plan for Implementation: How can this be used in the participant's individual job setting? This is a practical activity to be used in each participant's job setting to put into action the acquired knowledge. This activity must be directly related to the "projected outcome of the activity". (BE BRIEF!)

Reaction/Response: How well did the implementation activity work?

Participant's Signature _____

Bus # _____

Certifying Signature _____

This implementation activity sheet must be completed and approved before staff development credit can be granted.

Staff Development Credit: Training _____ Support _____