TTOC Checklist

School:

Date:____

- Keys
- Class Lists
- Critical Student Information (medical info, pronoun preference, religious needs, etc)
- Emergency Procedures
- First Aid Contact
- Map of School
- Names of Union Reps
- Safety Plans/IEP information
- Supervision Schedule
- Cell Phone Policy
- Special Event Today

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Date:_	School:	Date:_	School:
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•	Emergency Procedures	•	Emergency Procedures
•	First Aid Contact	•	First Aid Contact
•	Map of School	•	Map of School
•	Names of Union Reps	•	Names of Union Reps
•	Safety Plans/IEP information	•	Safety Plans/IEP information

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Supervision Schedule

Special Event Today

Cell Phone Policy

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