

Family Resource Agency of North Georgia
Head Start/Early Head Start Program
Severe Weather Report

COUNTY _____

DATE _____

CENTER NAME _____

Severe Weather warning occurred at _____ (am or pm)

Note any difficulties concerning warning, which could be improved prior to next occurrence:

Warning was received by:

_____ Telephone

_____ Radio

_____ Intercom

_____ Other

Note difficulties, if any occurred:

Movement to shelter area could be described as:

_____ Good and orderly

_____ Somewhat difficult

_____ Serious difficulties

Note any problems and possible solutions which will be completed prior to next incident:

Percentage of cooperation from the occupants in your building:

_____ 0%

_____ 75%

_____ 50%

_____ 25%

_____ Under 25%

_____ Serious problems

Note any problems which need to be improved: