



Get Ready for Sound Off! Classroom Visit Planning Form

The classroom teacher is your Sound Off partner. Meet with the teacher **before** you make your first classroom visit. Use this planning form to gather information from the classroom teacher that will help you plan for productive Sound Off classroom visits. After you've completed the form, give a copy to the classroom teacher so that you both have the details.

1. How many students are in the class? _____
2. How many students/families will want materials in Spanish? _____
3. Which version of the Activity Sheets would work best for the class?
 - The Standard version is for students who read on grade level.
 - The Simplified version is for students who read below grade level.
4. Do any students have a sensitivity to loud noises, like the sound of a smoke alarm? If yes, what can we do to help those students? _____
5. Have any of the students experienced a home fire or had a serious burn injury?
 - Yes
 - No
6. Sound Off videos and audio files require WIFI access. Will the teacher make arrangements to show the videos and play the safety sounds? Or will the firefighter need to bring a computer and access the school WIFI as a guest?
 - Teacher will make arrangements
 - Firefighter will bring a computer
7. Does the classroom have access to a digital whiteboard/Smartboard? If so, will the teacher use it to take students through the Sound Off online game, *Smoke Alarm Smarts*, (<https://ymiclassroom.com/video/sound-off/smoke-alarm-smarts.html>) after the firefighter's visits to help reinforce the Sound Off lessons?
 - Yes
 - No
8. Which version of the Sound Off Storybook will be used to kick off the program? See choices at: <https://ymiclassroom.com/lesson-plans/sound-off-storybooks/>
 - Read-Aloud Storybook (printable PDF or bound version included in printed Sound Off Teaching Kit (in the white envelope))
 - Storybook in PowerPoint (downloadable PPT)
 - Narrated Storybook (online flipbook)Which language? English Spanish
9. How will the Storybook be shared with students and families?
 - Teacher will read/share the Storybook before the firefighter's first classroom visit
 - Firefighter will read/share the Storybook as part of the first classroom visit
10. Sound Off works best when each child has a copy of the Storybook. Will the teacher make copies for all the students?
 - Yes
 - NoWill the firefighter make copies for all the students?
 - Yes
 - No
11. [When a printed Sound Off Teaching Kit (in the white envelope) is available:] Will the teacher display the Sound Off Wall Poster in the classroom before the firefighter's first visit?
 - Yes
 - No
12. Who will photocopy the Sound Off Activity Sheets for the class (preferably on bright colored paper)?
 - Teacher
 - Firefighter

13. Will the teacher help the firefighter conduct a pre-test and a post-test to gauge the effectiveness of the Sound Off program? [Pre/post testing may be recommended by your State or Local Sound Off Team. See resources at https://ymiclassroom.com/wp-content/uploads/2021/01/so21_pre-post-pkg.pdf.]
- Yes, the teacher will help the firefighter with pre/post-testing
- No, there will be no pre/post-testing
14. Will the teacher share Sound Off digital resources with students and families by sending online access information home? (Check those resources the teacher will share.)
- The Sound Off Safety App for tablets and smart phones – downloadable for Android or Apple, or accessed through <https://ymiclassroom.com/lesson-plans/sound-off-app/>
- The Sound Off videos – viewable at <https://ymiclassroom.com/lesson-plans/soundoff-videos/>
- The Sound Off Storybook – available in all versions (see #8 above) at <https://ymiclassroom.com/lesson-plans/sound-off-storybooks/>
- The Sound Off online game, *Smoke Alarm Smarts*, which can be played on a desktop or tablet computer at <https://ymiclassroom.com/video/sound-off/smoke-alarm-smarts.html>
15. Will the teacher make Sound Off digital resources listed above available for students on digital device(s) in the classroom after the firefighter's classroom visits?
- Yes No
16. Will the teacher permit the firefighter to conduct a home safety visit to their home, to install free smoke alarms as needed and help the teacher's family make a home fire escape plan? [This will help the teacher understand what happens during a home fire safety visit so they can answer questions students and families may have about home safety visits by local firefighters. And it is a way to thank teachers for their help with Sound Off.]
- Yes, the teacher will permit a home safety visit — Date: _____ Time: _____
- No, the teacher would prefer not to participate in a home safety visit
17. Is there a classroom parent, school counselor, or someone else who works with the class who might permit the firefighter to conduct a home fire safety visit in their home, to install free smoke alarms as needed and help their family make a home fire escape plan? [This is a way to reassure other families that a firefighter visit is safe and that local fire department personnel are non-judgmental.]
- Yes, there is a classroom aid/supporter who might want to participate in a home safety visit.
Name(s) and Contact Info: _____
- No
18. Will the fire department and teacher host a celebration for students at the conclusion of the program? [Popular options include pizza parties, popsicle treats, photos with firefighters, visits from a safety trailer, etc.]
- Yes No
19. What is the best way for the teacher and firefighter to communicate?
- Email — Teacher email: _____ Firefighter email: _____
- Text — Teacher text #: _____ Firefighter text #: _____
- Phone — Teacher phone: _____ Firefighter phone: _____

NOTE: When creating a Sound Off plan, follow a schedule that works best for the teacher. Some Sound Off Teams visit the classroom once a week for 3 weeks to present the lessons, followed by a final celebration visit. (Each Sound Off classroom lesson is designed to be delivered in no more than 30 minutes.) Others kick off the program in person, then students watch the videos in class and at home, followed by a big event at which students showcase their Sound Off knowledge. Sound Off is flexible! Choose an approach that works best for you and your teachers.

Sound Off Classroom Presentation Scheduler

Confirm with the teacher dates/times for the following:

1. Send home the Family Letter co-signed by Teacher and Firefighter. [Family Letter available at: [https://ymiclassroom.com/lesson-plans/sound-off-teams/.](https://ymiclassroom.com/lesson-plans/sound-off-teams/)]
Date: _____
2. Firefighter's first classroom visit to present Activity 1: Sound Off with the Home Fire Safety Patrol.
Date: _____ **Time:** _____
3. Students take home the Activity 1 Activity Sheet to return the following day after watching *Video 1: Safety Sounds* with their families and completing the home smoke alarm survey.
Activity Sheet Return Date: _____
4. Firefighter picks up the Activity 1 Activity Sheets of families that requested Home Fire Safety Visits to begin scheduling home fire safety visits.
Date: _____ **Time:** _____
5. Firefighter's second classroom visit to present Activity 2: Detect the Dangers.
 Option: Check here if the teacher will present Activity 2 on their own instead.
Date: _____ **Time:** _____
6. Students take home the Activity 2 Activity Sheet and watch *Video 2: Home Fire Dangers* with their families.
Date: _____
7. Firefighter's third classroom visit to present Activity 3: How to Escape from a Home Fire.
Date: _____ **Time:** _____
8. Students take home the two Activity 3 Activity Sheets, Part 1: Your Home Fire Escape Map and Part 2: How to Plan and Practice a Home Fire Drill, with directions to watch *Video 3: Home Fire Escape Map* and *Video 4: Home Fire Drills* with their families.
Date: _____
9. Families use the Part 2: How to Plan and Practice a Home Fire Drill Activity Sheet to practice a home fire drill, then fill out the clip-off form at the bottom of the Activity Sheet and return it to class for the firefighter to collect.
Clip-Off Form Return Date: _____
10. Sound Off Celebration Day! Recognize the students' accomplishments by awarding copies of the Sound Off Student Certificate. Have students share stories of their home fire drill experiences. (Firefighter may collect the home fire drill clip-off forms at this time.)
Date: _____ **Time:** _____