Task Force on Education Infrastructure

for the 21st Century

Three-Part
Facilities Survey of All Schools and
Selected Administrative Units
Facilities Survey

Overview
The Facilities Master Plan will provide the framework to: 1) create schools that are safe and secure environments for learning; 2) develop facilities that will support and enhance educational programs; and 3) provide facilities that will meet the diverse needs of the local school community. This survey is designed to capture information to support these objectives. The survey has three parts.

Part I: General Information (approximate completion time 30 minutes)
(To be completed and signed by the principal/building administrator for the main instructional program.)

Part II: Programs (defined as having separate funding and/or being a "relocatable" unit.
Completion time approximately 10 minutes for each program.)
(To be completed and signed by individual program directors/managers for the programs listed in response to question #14 in Part I.)

A Part II: Programs form must be used for each program listed under question #14.

Part III: Facility Conditions (approximate completion time 45 minutes)
(To be completed by the building engineer/head custodian.)
Comprehensive Facilities Survey

Part I:

General Information

(To be completed and signed by the principal/building administrator for the main instructional program.)
#1 Check (✓) if any of the following programs apply to your school.

Community School
Pre-Vocational Education
Vocational Education
Public/Private Partnership Academy
Adult Education
Community School

Other (Specify)

#2 Grade levels or equivalents served: (Please check ✓ all that apply.)

( ) Pre-school ( ) 2nd ( ) 6th ( ) 10th ( ) No students served
( ) Pre-K ( ) 3rd ( ) 7th ( ) 11th
( ) Kindergarten ( ) 4th ( ) 8th ( ) 12th
( ) 1st ( ) 5th ( ) 9th ( ) Adult

#3 Average class size:
Elementary: ___________
Secondary: ___________
Special Education: ___________
Pre-vocational/Vocational Education: ___________

#4 Are there special admissions criteria to your school? ( ) Yes ( ) No

If yes, please explain: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

#5 What is the total number of students attending your school from out-of-boundary this year?

Is this an increase, decrease or about the same as last year? (Circle one.)

increase decrease about the same

Is there a waiting list? ( ) Yes ( ) No
#6 Comparing enrollment to capacity:

Is the school big enough for all students who want to attend? ( ) Yes ( ) No

If no, how many additional students (estimated) would enroll if there were space? __________

Does the school have capacity for additional students? ( ) Yes ( ) No

If yes, how many additional students (estimated) does the school have capacity for? __________

#7 Does your school have multiple lunch periods? ( ) Yes ( ) No

If yes, how many? ______________________

#8 Have any rooms (e.g., locker room, hallway, bathroom, auditorium, storage, shops/laboratories, etc.) been converted to classroom use to accommodate increased enrollment?

( ) Yes ( ) No

#9 Have any rooms designed for general education classrooms been lost to other uses?

( ) Yes ( ) No

#10 Have any pre-vocational/vocational shops/laboratories been lost to other uses?

( ) Yes ( ) No

#11 If your answer to #8, #9 and/or #10 is "yes", which rooms or large spaces are used for purposes for which they were not originally intended?

For example:
Room/space: 126  Designed Use: General classroom  Actual Use: Science Lab
Room/space: BLR  Designed Use: Boy's locker room  Actual Use: Math classroom
Room/space: _______  Designed Use: ___________  Actual Use: ___________
Room/space: _______  Designed Use: ___________  Actual Use: ___________
Room/space: _______  Designed Use: ___________  Actual Use: ___________
Room/space: _______  Designed Use: ___________  Actual Use: ___________
Room/space: _______  Designed Use: ___________  Actual Use: ___________

(Use Supplementary Information form at the end of Part I, if necessary.)
#12 Is the building used:

A. Before 8:00 a.m.? ( ) Yes ( ) No

If yes, indicate program type. (Check all that apply.)
( ) Educational ( ) Family Services
( ) Cultural ( ) Recreational
( ) Before School Program ( ) Other (specify) _______________________
( ) Pre-vocational/vocational

B. Between 3:30 p.m. and 6:00 p.m.? ( ) Yes ( ) No

If yes, indicate program type. (Check all that apply.)
( ) Educational ( ) Family Services
( ) Cultural ( ) Recreational
( ) After School Program ( ) Adult/Community School
( ) Pre-vocational/vocational ( ) Other (specify) _______________________

C. Between 6:00 p.m. and 10:00 p.m.? ( ) Yes ( ) No

If yes, indicate program type. (Check all that apply.)
( ) Educational ( ) Family Services
( ) Cultural ( ) Recreational
( ) Pre-vocational/vocational ( ) Adult/Community School
( ) Other (specify) _______________________

#13 Community Access

A. Is there community access to the building? ( ) Yes ( ) No

B. Is there a community room or space designated for community use? ( ) Yes ( ) No

If yes, which space(s)? _______________________

C. Is the community space handicapped accessible? ( ) Yes ( ) No

D. Is the community space accessible:

1. During school? ( ) Yes ( ) No

If yes, days and hours of access: _______________________

2. After school? ( ) Yes ( ) No

If yes, days and hours of access: _______________________

3. On weekends? ( ) Yes ( ) No

If yes, days and hours of access: _______________________

4. During summer? ( ) Yes ( ) No

If yes, days and hours of access: _______________________

5. During school vacations/holidays? ( ) Yes ( ) No

If yes, days and hours of access: ______________________
#14 What programs are in the school/facility or on the school grounds?
Please check (✓) as appropriate. (The term "program" means having separate funding and/or is a "relocatable" unit. Include all programs occurring before, during, and after school hours such as pre-school programs, day care, recreation, private agencies, tutorial programs, etc.)

<table>
<thead>
<tr>
<th>( )</th>
<th>Before/After School Child Care Program(s)</th>
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<tbody>
<tr>
<td></td>
<td>Does it use space dedicated only to its use? ( ) Yes ( ) No</td>
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<td></td>
<td>Please name program(s).</td>
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<th>( )</th>
<th>Administration</th>
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<td>Please name program(s).</td>
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<td>Please name program(s).</td>
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<th>( )</th>
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<td>Please name program(s).</td>
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<th>( )</th>
<th>Government</th>
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<td>Does it use space dedicated only to its use? ( ) Yes ( ) No</td>
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<td>Please name program(s).</td>
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<tr>
<th>( )</th>
<th>Vocational Education/Training</th>
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<td></td>
<td>Does it use space dedicated only to its use? ( ) Yes ( ) No</td>
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<td>Please name program(s).</td>
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<tr>
<th>( )</th>
<th>Adult Education/Community School</th>
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<td>Does it use space dedicated only to its use? ( ) Yes ( ) No</td>
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<td>Please name program(s).</td>
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<th>( )</th>
<th>Other</th>
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<tr>
<td></td>
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<td>Please name program(s).</td>
</tr>
</tbody>
</table>

**Important:** Please ask the director of EACH program specified in question #14 to complete Part II of this survey. Make as many duplicate copies of Part II as necessary.
#15 Pre-kindergarten and kindergarten classrooms only.

Are bathrooms in the classrooms? ( ) Yes ( ) No
If not, where are the bathrooms relative to the classrooms? (e.g.: outside, down the hall, another floor)
__________________________________________________________

Are sinks in the classrooms? ( ) Yes ( ) No
If not, where are the sinks relative to the classrooms? (e.g.: outside, down the hall, another floor)
__________________________________________________________

#16 Indicate the ambiance, comfort, and/or usefulness of these spaces. (Be sure to consider factors such as: heating, lighting, noise levels, ventilation, air conditioning, etc.)

Circle the appropriate response for EACH Item listed.

<table>
<thead>
<tr>
<th>A. Cafeteria (circle one)</th>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
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<td>If &quot;poor&quot; or &quot;fair&quot;, please explain: ____________________________</td>
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<tr>
<th>B. Auditorium (circle one)</th>
<th>Not Applicable</th>
<th>Poor</th>
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<th>Excellent</th>
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<td>If &quot;poor&quot; or &quot;fair&quot;, please explain: ____________________________</td>
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<thead>
<tr>
<th>C. All Purpose Room (circle one)</th>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Adequate</th>
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<th>Excellent</th>
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<tr>
<th>D. Parking (circle one)</th>
<th>Not Applicable</th>
<th>Poor</th>
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<td>If &quot;poor&quot; or &quot;fair&quot;, please explain: ____________________________</td>
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Question #16 continued

E. Student Bathrooms: (circle one)

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<thead>
<tr>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
</table>

If "poor" or "fair", please explain: _______________________________________

F. Adult Bathrooms: (circle one)

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Adequate</th>
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<th>Excellent</th>
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</table>

If "poor" or "fair", please explain: _______________________________________

G. Locker Rooms: (circle one)

<table>
<thead>
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<th>Not Applicable</th>
<th>Poor</th>
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<th>Adequate</th>
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<th>Excellent</th>
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</thead>
</table>

If "poor" or "fair", please explain: _______________________________________

H. Main Office: (circle one)

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
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</table>

If "poor" or "fair", please explain: _______________________________________

I. Nurse's Office: (circle one)

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Adequate</th>
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<th>Excellent</th>
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If "poor" or "fair", please explain: _______________________________________

J. School Exterior: (circle one)

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
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If "poor" or "fair", please explain: _______________________________________
### Question #16 continued

<table>
<thead>
<tr>
<th></th>
<th>K. School Front Hall: (circle one)</th>
<th>L. Classrooms: (circle one)</th>
<th>M. Pre-vocational/Vocational Education Shops/Laboratories: (circle one)</th>
<th>N. Teacher's Lounge: (circle one)</th>
<th>O. Library: (circle one)</th>
<th>P. Offices: (circle one)</th>
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<td>Not Applicable Poor Fair Adequate Good Excellent</td>
<td>Not Applicable Poor Fair Adequate Good Excellent</td>
<td>Not Applicable Poor Fair Adequate Good Excellent</td>
<td>Not Applicable Poor Fair Adequate Good Excellent</td>
<td>Not Applicable Poor Fair Adequate Good Excellent</td>
<td>Not Applicable Poor Fair Adequate Good Excellent</td>
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<td>If &quot;poor&quot; or &quot;fair&quot;, please explain: ________________________________</td>
<td>If &quot;poor&quot; or &quot;fair&quot;, please explain: ________________________________</td>
<td>If &quot;poor&quot; or &quot;fair&quot;, please explain: ________________________________</td>
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<td>If &quot;poor&quot; or &quot;fair&quot;, please explain: ________________________________</td>
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<td>Q. Hallways: (circle one)</td>
<td>Not Applicable</td>
<td>Poor</td>
<td>Fair</td>
<td>Adequate</td>
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<th>R. Gymnasium: (circle one)</th>
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<th>Poor</th>
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<th>Adequate</th>
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<th>S. Art Room: (circle one)</th>
<th>Not Applicable</th>
<th>Poor</th>
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<th>Adequate</th>
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<th>T. Music Room: (circle one)</th>
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<th>Fair</th>
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<td>If &quot;poor&quot; or &quot;fair&quot;, please explain:</td>
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<th>U. Athletic Field: (circle one)</th>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Adequate</th>
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<th>Excellent</th>
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<th>V. Playground: (circle one)</th>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Adequate</th>
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W. Other (specify): __________________ (circle one)

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<th>Adequate</th>
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If "poor" or "fair", please explain: ______________________________________________________

(Use Supplementary Information form for additional responses, if needed)

#17 How well does your school/facility meet the functional requirements of the activities listed below? Circle one answer for EACH activity listed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very</th>
<th>Moderately</th>
<th>Somewhat</th>
<th>Not Well</th>
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<tbody>
<tr>
<td>Small group instruction</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Large group (50 or more students) instruction</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Technology-based instruction</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Art instruction</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Music instruction</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Athletic activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Storage of teacher materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Storage of student materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Parent support activities (e.g., tutoring, planning, making materials, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Social/health care services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Teachers planning</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Private areas for student counseling and testing</td>
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<td>4</td>
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<tr>
<td>Laboratory science</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Library/media center</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Day care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Before/after school care</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Pre-vocational/Vocational Ed.</td>
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<tr>
<td>Adult education instruction</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Public/private partnership academy</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
</tbody>
</table>
#18 To your knowledge, have structural modifications (e.g., walls, plumbing, partitioning, electrical, etc.) been made to the building in the last 5 years?

<table>
<thead>
<tr>
<th>Modification location:</th>
<th>Date completed:</th>
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<tbody>
<tr>
<td>Description:</td>
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<td>Purpose:</td>
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<tr>
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</tr>
</tbody>
</table>

(Use Supplementary Information form for additional responses, if needed)

#19 What characteristics are limiting optimal use of the facility?

Check (✓) those that apply.

- Sections in need of repair
- Parking
- Neighborhood safety
- Fire code violations
- Water damage
- Laboratories incomplete
- Staffing
- Supplies
- Insufficient enrollment
- Conflict on space assignment
- Building security
- Handicapped accessibility
- Climate control
- Overcrowding
- Wiring, electrical capacity
- Accessibility to public transportation
- Roofing repairs
- Asbestos present
- Elevators lacking
- Facilities missing (gym, nurse's suite, etc.)
- Program design
- Central administration policy
- Inappropriate assignment of space
- Program still under development
- Limited staff work space
- Condition of playground
- Other (list) ____________________________

Please explain on the Supplementary Information form any marked Item In Question #19.

#20 What would be three (3) facility-related enhancements that would improve the quality of education at your school? (List in priority order.)

First: __________________________________________

Second: _________________________________________

Third: __________________________________________
#21 Does your school participate in organized inter-school athletic activities/programs?

( ) Yes  ( ) No

If no, is this because of facility problems? ( ) Yes  ( ) No Please explain: ____________________________

If yes, type(s) of athletic activities/programs. Check (✓) all that apply.

( ) Basketball  ( ) Soccer  ( ) Other (specify):

( ) Football  ( ) Swimming  ( ) Other (specify):

( ) Baseball  ( ) Track and Field  ( ) Other (specify):

For each athletic activity checked above, does the team practice at own school or at another school/facility?

<table>
<thead>
<tr>
<th>Sport: ___________________</th>
<th>( ) Own school  ( ) Different school/facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this sport for boys, girls, or both? ( ) Boys  ( ) Girls  ( ) Both Boys and Girls</td>
<td></td>
</tr>
<tr>
<td>Reason for practicing at different school/facility: ________________________________</td>
<td></td>
</tr>
<tr>
<td>( ) No equipment or facility at own school</td>
<td></td>
</tr>
<tr>
<td>( ) School equipment/facility in poor condition</td>
<td></td>
</tr>
<tr>
<td>( ) Other: ________________________________</td>
<td></td>
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</table>

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<td></td>
</tr>
<tr>
<td>( ) Other: ________________________________</td>
<td></td>
</tr>
</tbody>
</table>

(Continued on next page.)
Sport: ____________ ( ) Own school ( ) Different school/facility

Is this sport for boys, girls, or both? ( ) Boys ( ) Girls ( ) Both Boys and Girls

If at a different school/facility, name of school/facility: ____________________________________________

Reason for practicing at different school/facility: ( ) No equipment or facility at own school ( ) school equipment/facility in poor condition ( ) Other: ____________________________________________

Sport: ____________ ( ) Own school ( ) Different school/facility

Is this sport for boys, girls, or both? ( ) Boys ( ) Girls ( ) Both Boys and Girls

If at a different school/facility, name of school/facility: ____________________________________________

Reason for practicing at different school/facility: ( ) No equipment or facility at own school ( ) school equipment/facility in poor condition ( ) Other: ____________________________________________

Sport: ____________ ( ) Own school ( ) Different school/facility

Is this sport for boys, girls, or both? ( ) Boys ( ) Girls ( ) Both Boys and Girls

If at a different school/facility, name of school/facility: ____________________________________________

Reason for practicing at different school/facility: ( ) No equipment or facility at own school ( ) school equipment/facility in poor condition ( ) Other: ____________________________________________

Use Supplementary Information form for additional data, if needed.

Technology-Related Issues

#22 Does your school have a computer lab? ( ) Yes ( ) No

A. If no, why not? (Check (✓) all that apply.)

( ) Insufficient space for lab
( ) No classroom space with air conditioning
( ) Electrical system will not support equipment
( ) Insufficient funds for equipment
( ) Insufficient funds for staff
( ) No program developed to integrate technology into instructional program
( ) Insufficient staff development
( ) Inadequate technical support
( ) Other (specify): ________________________________

Comments: ________________________________________
B. If your school has a computer lab, how many fully operational are: (Check (√) all that apply.)

A "fully operational" computer is one that is hooked up, with monitor, keyboard, disk drive and printer and ready to use.)

- Less than 3 years old
- Older than 3 years old
- Older than 5 years old
- Equipped with CD ROM
- Equipped with internal modems
- Integrated into a computer network

C. How many fully operational printers are in the lab? ______________

D. Is the lab connected to any on-line services? ( ) Yes ( ) No

If yes, which ones?

- Internet
- America Online
- CompuServe
- Prodigy
- Other: ___________________________

#23 Do you have fully operational computers in classrooms? ( ) Yes ( ) No

A. Do you have an adequate number of operational computers in classrooms? ( ) Yes ( ) No

B. If you have an inadequate number of operational computers in classrooms, indicate reasons why:

- Insufficient space
- No classroom space with air conditioning
- Electrical system will not support equipment
- Insufficient funds for equipment
- Insufficient funds for software
- No educational program to use technology in instructional program
- Insufficient staff development
- Inadequate technical support services
- Inadequate security to protect equipment
- Other (specify): __________________________________________

Comments: __________________________________________
C. If your school has computers in the classrooms, how many and in which rooms?

**Elementary:**

<table>
<thead>
<tr>
<th># of computers</th>
<th># of classrooms</th>
<th>Early Childhood (Pre-K and K)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Primary (1 - 3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intermediate (4 - 6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ESL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special Education</td>
</tr>
</tbody>
</table>

**Secondary:**

<table>
<thead>
<tr>
<th># of computers</th>
<th># of classrooms</th>
<th>Science Classrooms or Science Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mathematics Classrooms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>English Classrooms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social Studies Classrooms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Foreign Language Classrooms</td>
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<td></td>
<td></td>
<td>ESL</td>
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<tr>
<td></td>
<td></td>
<td>Special Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre/vocational/Vocational Education</td>
</tr>
</tbody>
</table>
#24 Do you have fully operational computers in the library?  ( ) Yes  ( ) No

A. If yes, how many? ________________________

B. If no, indicate reasons why:

( ) Insufficient space
( ) No air conditioning
( ) Electrical system will not support equipment
( ) Insufficient funds for equipment
( ) Insufficient funds for software
( ) Insufficient funds for staff
( ) No program developed to integrate technology into library operations
( ) Insufficient staff development
( ) Inadequate technical support
( ) Inadequate security to protect equipment
( ) Other (specify): ________________________

Comments: ___________________________________________________________

C. Is the library connected to any on-line services?  ( ) Yes  ( ) No

If yes, which ones?  ( ) Internet
( ) America Online
( ) CompuServe
( ) Prodigy
( ) Library On-Line Link[Highlighted] Public Libraries
( ) Other: ___________________________________________________________

In no, why not?  ( ) No available phone lines for on-line use
( ) No internal modem for library computer
( ) Insufficient funds for subscription costs
( ) Library computer has insufficient memory/speed
( ) Librarian unfamiliar with communications technology
( ) Other: ___________________________________________________________
#25 Please check (✓) the technology programs which are operating at your school:

( ) TEAMS
( ) Galaxy
( ) Xpress Xchange
( ) Black College Network
( ) WASNET (Washington Area Service Network)
( ) Other(s) specify: ____________________________

#26 Please indicate HOW MANY of the following multi-media items are fully operational at your school:

VCRs
Laserdisks
CD ROMs
Televisions
( ) Other(s) specify: ____________________________

#27 Please indicate HOW MANY fully operational computers you have for administrative use:

Of this number, HOW MANY are:

_______ Are less than 3 years old
_______ Are older than 3 years old
_______ Are older than 5 years old
_______ Are equipped with CD ROM
_______ Are equipped with internal modems
_______ Are integrated into a school-wide computer network
_______ Are hooked up to the central office data system

Is your office technology adequate? ( ) Yes ( ) No

If no, why not? ( ) Equipment too old
( ) Technical support is inadequate
( ) Breaks down too often
( ) Other (specify): ____________________________
END OF PART I

Thank You!

If we have additional questions regarding Part I responses, whom should we contact?

Name: ______________________________ Telephone: __________________________

(Please Print)

Signature of Principal/Administrator: __________________________ Date: ____________
Comprehensive Facilities Survey

Part II:

Programs

(To be completed and signed by the individual program directors/managers for the programs listed in response to question #15, Part I.)
Part II: Programs

(To be completed and signed by the individual program directors/managers for the programs listed in response to question #17 in Part I.)

Please print or type clearly.

#P1: Name of program: ________________________________________________________

#P2: Sponsoring organization: __________________________________________________

#P3: Director: ___________________________ Telephone no. ________________

#P4: Which days/hours of the week does the program use the facility?
Check (✓) all that apply.

( ) Monday Hours of usage: ________________________________

( ) Tuesday Hours of usage: ________________________________

( ) Wednesday Hours of usage: ________________________________

( ) Thursday Hours of usage: ________________________________

( ) Friday Hours of usage: ________________________________

( ) Saturday Hours of usage: ________________________________

#P5: How many hours each week (average) does the program use this facility?

________________________________________________________________________

#P6: Briefly describe the program. (Attach a brochure or description, if you have one.)

________________________________________________________________________

________________________________________________________________________

#P7: What is the program enrollment? ________________________________

#P8: Grade levels or equivalents served - please check (✓).  

( ) Pre-school ( ) 2nd ( ) 6th ( ) 10th ( ) No students

( ) Pre-K ( ) 3rd ( ) 7th ( ) 11th

( ) Kgn ( ) 4th ( ) 8th ( ) 12th

( ) 1st ( ) 5th ( ) 9th ( ) Adult
#P9: What are the criteria for admission to the program? ____________________________

#P10: What room(s) are used for the program, and how are they used?

Room # or location: ___________ Your use: ____________________________

Type of room (classroom, etc.) ______________________________ Size: _____ feet x _____ feet

Room # or location: ___________ Your use: ____________________________

Type of room (classroom, etc.) ______________________________ Size: _____ feet x _____ feet

Room # or location: ___________ Your use: ____________________________

Type of room (classroom, etc.) ______________________________ Size: _____ feet x _____ feet

Room # or location: ___________ Your use: ____________________________

Type of room (classroom, etc.) ______________________________ Size: _____ feet x _____ feet

#P11: Describe the ambiance, comfort, usefulness of the space for your program. (Circle the one which best characterizes the space.)

Poor          Fair          Adequate          Good          Excellent

If marked "fair" or "poor", please explain your answer: ____________________________

#P12: How do you access your space? ( ) From inside the building

( ) From outside the building

#P13: Can you access your space when school is closed?

In the evenings? ( ) Yes ( ) No

On weekends? ( ) Yes ( ) No

On holidays? ( ) Yes ( ) No

During vacations? ( ) Yes ( ) No
#P14: How does admissions to the program compare to capacity?

( ) Does the program have enough space for all who want to attend? ( ) Yes ( ) No

If no, estimate how many additional people would participate if there were space: __________

( ) Does the program have capacity for additional persons? ( ) Yes ( ) No

If yes, how many additional persons does your program have space for? __________

#P15: What other suggestions do you have for improving the usefulness of the space for your program?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

END OF PART II

Thank You!

Name: ___________________________ Telephone: ___________

(Please Print)

Fax: ___________________________

Signature: ______________________ Date: ___________

(Program Director/Manager)
Comprehensive Facilities Survey

Part III:

Facility Conditions

(To be completed and signed by the building engineer/head custodian.)
Part III: Facility Conditions

School:

#F1 Handicapped Accessibility

A. Is your building accessible to the physically handicapped?

( ) Completely  ( ) Partially  ( ) Not at all

If only partially accessible, to what floor? Check ( ✓ ) all that apply.

( ) Basement  ( ) Third floor
( ) First floor  ( ) Fourth floor
( ) Second floor

B. Are the following areas accessible? (Check ( ✓ ) all that apply.)

( ) Toilet Rooms  ( ) Computer Lab
( ) Main Office  ( ) Library/Media Center
( ) Auditorium  ( ) Gymnasium
( ) Cafeteria/Lunchroom  ( ) Classrooms How many? ______

#F2 Does your building have an elevator?  ( ) Yes  ( ) No

If yes, indicate type: ____________________

( ) Passenger  ( ) Freight  ( ) Both Passenger and Freight

#F3 Have any rooms/areas been closed due to damage and/or health, or safety considerations?  ( ) Yes  ( ) No

If yes, what area(s):

Area: ____________________ Reason closed: ____________________

______________________________

Area: ____________________ Reason closed: ____________________

______________________________

Area: ____________________ Reason closed: ____________________

______________________________

Area: ____________________ Reason closed: ____________________

______________________________
**#F4** Does your building have air conditioning in classrooms, administrative offices, and/or other areas? Check (✓) all that apply.

( ) Yes, in classrooms (number of classrooms: ________)

( ) Yes, in administrative offices

( ) Yes, in other areas (specify): __________________________

( ) No, no air conditioning in this building at all

**#F5** What is the mechanical operating condition of the air conditioning in classrooms, administrative offices, and/or other areas? Circle one for each category listed.

<table>
<thead>
<tr>
<th>Air conditioning in:</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classrooms</td>
<td>G</td>
<td>F</td>
<td>P</td>
</tr>
<tr>
<td>Administrative offices</td>
<td>G</td>
<td>F</td>
<td>P</td>
</tr>
<tr>
<td>Other areas</td>
<td>G</td>
<td>F</td>
<td>P</td>
</tr>
</tbody>
</table>

**Facility Components**

**#F6** Please review each facility component, and while keeping in mind the evaluative criteria for that component, provide the appropriate response.

A. Component: Roof(s)

Evaluative criteria for roof(s) components.

**Roof**
- Good - No leaks
- Fair - Minor leaks
- Poor - Major leaks, blisters, etc.

**Flashing**
- Good - Material intact, no leaks
- Fair - Minor damage
- Poor - Missing, bent and/or torn sections, leaks

**Drains**
- Good - Clear, no ponding
- Fair - Open, with ponding
- Poor - Clogged

**Parapets (the wall above the roof line)**
- Good - No cracks/bulging/no pointing required, coping in place
- Fair - No bulging, minor pointing required
- Poor - Bulging, loose coping, leans in or out 3 inches
Questions regarding roof(s). Remember to consider evaluative criteria for roof when rating good, fair or poor.

Number of roofs: ________________________

**Roof #1**: Specify Location (e.g., above auditorium, main building, upper roof on main building, portable, etc.)

Location: ____________________________________________

Original: ( ) Yes ( ) No

Last installation year (if known): ________________________

Type: _____________________________ Square footage (if known): ________________________

Condition: Check (✓) one in each category.

<table>
<thead>
<tr>
<th></th>
<th>Roofing</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
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<td>B</td>
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<tr>
<td>D</td>
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</tr>
</tbody>
</table>

Comments, if any: ____________________________________________________________

**Roof #2 (if applicable)**: Specify Location (e.g., above auditorium, main building, upper roof on main building, portable, etc.)

Location: ____________________________________________

Original: ( ) Yes ( ) No

Last installation year (if known): ________________________

Type: _____________________________ Square footage (if known): ________________________

Condition: Check (✓) one in each category.

<table>
<thead>
<tr>
<th></th>
<th>Roofing</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
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<td>D</td>
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</tbody>
</table>

Comments, if any: ____________________________________________________________

*Roots (continued on following page)*
**Roof #3; (If applicable): Specify Location (e.g., above auditorium, main building, upper roof on main building, portable, etc.)**

- **Location:**

- **Original:** ( ) Yes ( ) No

- **Last installation year (if known):**

- **Type:**

- **Square footage (if known):**

**Condition:** Check (✓) one in each category.

- **A. Roofing:**
  - Good ( )
  - Fair ( )
  - Poor ( )

- **B. Flashing:**
  - Good ( )
  - Fair ( )
  - Poor ( )

- **C. Drains:**
  - Good ( )
  - Fair ( )
  - Poor ( )

- **D. Parapets:**
  - Good ( )
  - Fair ( )
  - Poor ( )

**Comments, if any:**

---

**B. Component: Windows**

**Evaluative criteria for windows.**

- **Good** - No leaks, operable, no rot on wood windows
- **Fair** - Painting required, need minor repairs
- **Poor** - Rot, leaks, not operable

**Questions regarding windows. Use evaluative criteria when rating good, fair or poor.**

- **Original:** ( ) Yes ( ) No

- **Last installation (if known) year:**

- **Number of windows per classroom (average):**

**Type:** Check (✓) all that apply.

- **Wood ( )**
- **Double Hung ( )**
- **Casement ( )**
- **Fixed ( )**
- **Metal ( )**
- **Hopper ( )**
- **Astral (round) ( )**

- **Last painted (if known) year:**

**General condition of windows:** Check (✓) one.

- **Good ( )**
- **Fair ( )**
- **Poor ( )**

**Comments, if any:**
C. Component: Boiler(s)

Evaluative criteria for boiler components.

Burner
Good - Operable, no adjustment required
Fair - Operable, adjustment required
Poor - Major repairs needed

Grate
Good - Operable, none broken
Fair - Operable, minor breakage
Poor - Not operable, breakage

Setting
Good - No cracks, stays in place
Fair - Minor cracks, rusted stays
Poor - Cracked, broken stays

Breaching
Good - No leakage, no breaks in covering, no sagging
Fair - No leakage, minor breaks in covering
Poor - Leaks, sagging, major breaks in covering

Tubes
Good - None leaking
Fair - Less than 10% leaking
Poor - More than 10% leaking

Vacuum Pump
Good - Operative, no leaks, good vacuum
Fair - Operating, minor leaks, low vacuum
Poor - Not operating, major leaks

Oil Pump Sets
Good - Operative, no leaks, sufficient pressure
Fair - Operating, minor leaks, low adequate pressure
Poor - Not operating, major leaks, insufficient pressure

Heaters
Good - Operating, maintain temperature
Fair - Operative, low but adequate
Poor - Not operable, insufficient temperature

Questions regarding boilers.

Number of boilers: ______________ Type (e.g., steam, hot water): ______________

Original Installation: ______________ Last replacement (year): ______________

Fuel: ( ) Oil ( ) Coal ( ) Gas ( ) Other
Condition of boilers: *Check (✓) one.* Remember to use evaluative criteria.

A. Burners ( ) Good ( ) Fair ( ) Poor ( ) Not applicable
B. Grates ( ) Good ( ) Fair ( ) Poor ( ) Not applicable
C. Setting ( ) Good ( ) Fair ( ) Poor ( ) Not applicable
D. Breeching ( ) Good ( ) Fair ( ) Poor ( ) Not applicable
E. Tubes ( ) Good ( ) Fair ( ) Poor ( ) Not applicable
F. Feed/Vacuum Pumps ( ) Good ( ) Fair ( ) Poor ( ) Not applicable
G. Oil Pump/Heaters ( ) Good ( ) Fair ( ) Poor ( ) Not applicable

Condensate System: Age (year built): ________

Number of pumps: 1 2 3 4 Tank size: ______________________

Tank type: ( ) Cast iron ( ) Galvan steel ( ) Other (specify): ________

Building traps (circle one): Good Fair Poor

Comments, if any: __________________________________________

D. Component: Electrical System

Evaluate criteria for electrical system.

Adequate - Sufficient power and lighting, minor tripping of breakers/blown fuses
Inadequate - Insufficient power or lighting, major breaker tripping or fuses blown, overheating of panel

Questions regarding electrical system.

Lighting:

Classrooms:
*Check (✓) one.* ( ) Flourescent ( ) Incandescent

Number of classrooms with incandescent: ____________

Number of fixtures per classroom (average): ____________

Corridors:
*Check (✓) one.* ( ) Flourescent ( ) Incandescent

Number of fixtures per corridor (average): ____________

Electrical distribution system: ( ) Adequate ( ) Inadequate

a. Is electrical power adequate on every floor to support office machines and/or classroom technology?

( ) Yes ( ) No
b. Is electrical power adequate in the main office to support office equipment? (e.g., copy machine, fax machine, computers, etc.)

( ) Yes ( ) No

c. Is the power adequate in the library to support multi-media technology equipment?

( ) Yes ( ) No

d. Is the power adequate in the computer lab(s), if any, to support the equipment?

( ) Yes ( ) No ( ) Not Applicable

e. Main service (Check (✓) one.)

( ) 400 amps ( ) 800 amps ( ) 1000 amps ( ) 1200 amps ( ) 2000 amps

f. Distribution panels: ( ) circuit breakers ( ) fuses

g. Emergency generator: ( ) Yes ( ) No

Type: ( ) Gas ( ) Oil

Size: ( ) 20-30 kw ( ) 40-60 kw ( ) 70-100 kw

Comments regarding electrical system, if any: ____________________________________________

E. Component: Heating System

Evaluative criteria for heating system.

Piping

Good - No leaks
Fair - Minor leaks
Poor - Many minor or major leaks

Traps

Good - Return below 160 degrees
Fair - Return between 160 degrees, minor leaking
Poor - Returns above 180 degrees, many passing steam

Pumps

Good - No leaks, more than adequate pressure
Fair - Minor leaks, adequate pressure
Poor - Inadequate pressure, leaking

Fans

Good - Sufficient supply or exhaust
Fair - Operational, adequate supply or exhaust
Poor - Inadequate, not operational

Univent

Good - Sufficient supply or exhaust, dampers operational
Fair - Adequate
Poor - Inadequate supply, inoperable dampers
Questions regarding heating system.

Type: ( ) gravity ( ) vacuum ( ) hot water ( ) forced air

Condition of heating system: Check (✓) one. Remember to use evaluative criteria.

A. Piping ( ) Good ( ) Fair ( ) Poor
B. Traps ( ) Good ( ) Fair ( ) Poor
C. Pumps ( ) Good ( ) Fair ( ) Poor
D. Fans ( ) Good ( ) Fair ( ) Poor
E. Univents ( ) Good ( ) Fair ( ) Poor
F. Radiator Valves ( ) Good ( ) Fair ( ) Poor

Comments regarding heating system, if any: ____________________________________________

F. Component: Plumbing Systems

Evaluative criteria for plumbing systems.

Piping
   Good - No leaks
   Fair - A few minor leaks
   Poor - Many major and minor leaks

Student or Staff Toilets
   Good - All operational
   Fair - Operational, need minor repairs or adjustments
   Poor - Out of service

Kitchen/Utility
   Good - Operational, no leaks
   Fair - Operational, minor leaks
   Poor - Not operational, major leaks

Questions regarding plumbing system.

Type: ( ) original ( ) upgraded (year): ________________

Condition: Check (✓) one. Remember to use evaluative criteria.

A. Piping ( ) Good ( ) Fair ( ) Poor
B. Student toilets ( ) Good ( ) Fair ( ) Poor # of boys: _____ # of girls: _____
C. Staff toilets ( ) Good ( ) Fair ( ) Poor # of men: _____ # of women: _____
D. Kitchen/utility ( ) Good ( ) Fair ( ) Poor

Comments, if any: _______________________________________________________________
G. Component: Paint/Plaster

Evaluative criteria for paint/plaster

Paint
- Good: No peeling/blistering
- Fair: Minor peeling/blistering, less than 10% of painted areas
- Poor: Peeling/blistering over 10% of painted area(s)

Plaster
- Good: no cracks and solid
- Fair: minor cracks, minor spalling/powdering
- Poor: major cracks, spalling/powdering, loose sections

Questions regarding paint/plaster.

Last complete interior painting (year): __________________ __
Condition of paint/plaster: Check (✔) one. Remember to use evaluative criteria.

A. Interior Paint ( ) Good ( ) Fair ( ) Poor
B. Exterior Paint ( ) Good ( ) Fair ( ) Poor
C. Plaster ( ) Good ( ) Fair ( ) Poor

Comments regarding paint/plaster, if any: ______________________________________

H. Component: Flooring

Evaluative criteria for flooring.

Wood
- Good: Level with no deterioration
- Fair: Minor wearing or lifting
- Poor: Buckling, uneven

Floor Tile
- Good: None missing
- Fair: Lightly worn, minor tile replacement required
- Poor: Worn, loose, missing tiles

Sheet Flooring
- Good: Not worn, tight seams
- Fair: Lightly worn, seams beginning to spread
- Poor: Worn, open seams

Carpeting
- Good: Not worn, tight
- Fair: Lightly worn, loose, minor stretching required
- Poor: Worn, torn, needs stretching or replacement
Condition of flooring: Check (✓) one. Remember to use evaluative criteria.

A. Wood  ( ) Good   ( ) Fair   ( ) Poor   ( ) Not applicable

General location of wood flooring: (e.g., classrooms, hallways, offices, stairwells, etc.):
_____________________________________________________________________

B. Floor tile  ( ) Good   ( ) Fair   ( ) Poor   ( ) Not applicable

General location of floor tile: (e.g., classrooms, hallways, offices, stairwells, etc.):
_____________________________________________________________________

C. Sheet flooring  ( ) Good   ( ) Fair   ( ) Poor   ( ) Not applicable

General location of sheet flooring: (e.g., classrooms, hallways, offices, stairwells, etc.):
_____________________________________________________________________

D. Carpeting  ( ) Good   ( ) Fair   ( ) Poor   ( ) Not applicable

General location of carpeting: (e.g., classrooms, hallways, offices, stairwells, etc.):
_____________________________________________________________________

Comments, if any: ____________________________________________________________
_____________________________________________________________________

I. Component: Chalkboards

Evaluative criteria for chalkboards.
Good - Not worn or cracked, clear writing surface
Fair - Lightly worn, minor cracks
Poor - Major cracks, worn, improper writing surface

Condition of chalkboards: Check (✓) one. Remember to use evaluative criteria.

Chalkboards  ( ) Good   ( ) Fair   ( ) Poor

Comments, if any: ____________________________________________________________
_____________________________________________________________________

J. Component: Paved Areas

Evaluative criteria for paved areas.
Concrete ("Spalling" refers to a finished surface that is loose and/or crumbling)
Good - No spalling or cracks
Fair - Minor spalling, minor cracks
Poor - Major spalling, major cracks, lifting, uneven surface

Blacktop
Good - Smooth, no cracks
Fair - Minor ponding, minor cracks
Poor - Flooding, cracks, lifting, sinking
Square feet concrete (estimated): ________________

Condition of concrete ( ) Good ( ) Fair ( ) Poor

Square feet blacktop (estimated): ________________

Condition of blacktop: ( ) Good ( ) Fair ( ) Poor

On-site parking: ( ) Yes ( ) No

Approximately how many vehicles can park: __________

Parking is (circle one): Adequate Inadequate

Condition of parking areas (circle one): Good Fair Poor

Comments, if any: __________________________________________________________

K. Component: Fencing

Evaluative criteria for fencing.

Good - No holes, operable gates
Fair - Minor damage, minor repairs or painting necessary
Poor - Broken sections, holes, inoperative gates

Type of fencing: ( ) Wrought iron
( ) Chain link

Condition of fencing: Check (✓) one. Remember to use evaluative criteria.

Fencing: ( ) Good ( ) Fair ( ) Poor

Comments, if any: ________________________________

L. Component: Exterior Masonry

Evaluative criteria for exterior masonry.

Good - No spalling, cracks or buldging (Spalling refers to surfaces that are cracked/crumbling)
Fair - Minor spalling, minor cracks
Poor - Spalling, cracks, water penetration, buldging

Condition of exterior masonry. Check (✓) one. Remember to use evaluative criteria.

Exterior masonry: ( ) Good ( ) Fair ( ) Poor

Comments, if any: __________________________________________________________
M. Component: Athletic Facilities

Evaluative criteria:

**Bleachers**
- Good: No damage
- Fair: Minor damage, but most seats usable
- Poor: Seats spintered or broken, warped and/or buckled, unsafe, unusable

**Surface**
- Good: No damage, level, drainage clear
- Fair: Minor (small) areas damaged, missing sod or turf in small areas
- Poor: Puddling (drainage problem), uneven (not level), large areas damaged

**Track**
- Good: No damage, level, drainage clear
- Fair: Minor (small) areas damaged, lines fading
- Poor: Uneven surface, bubbling or pitted, puddling, lines very faded or missing

**Field House**
- Good: Good, no damage
- Fair: Minor damage to structure, repairable
- Poor: Structure usable, major leaks, security problems, damaged walls or ceiling

Questions regarding Athletic Facilities

Does your school/facility have bleachers? ( ) Yes ( ) No

If yes, type of bleachers: ( ) Wooden seats ( ) Metal seats ( ) Other (specify)

Condition of bleachers: ( ) Good ( ) Fair ( ) Poor

Does your school/facility have a track? ( ) Yes ( ) No

If yes, type of surface: ( ) Astroturf ( ) Sod ( ) Dirt ( ) Rubber ( ) Other (specify)

Condition of surface: ( ) Good ( ) Fair ( ) Poor

Do you have a field house? ( ) Yes ( ) No

If yes, condition of field house: ( ) Good ( ) Fair ( ) Poor
N. Component: **Playground**

**Evaluative criteria:**

**Playground surfaces**
- **Good** - No damage
- **Fair** - Minor damage, no tripping hazards
- **Poor** - Safety concerns, uneven surface, sinkholes, major cracks, drainage problems

**Equipment**
- **Good** - No damage, in use
- **Fair** - Damaged, but repairable
- **Poor** - Unusable or dangerous

**Safety Matting**
- **Good** - No damage and properly covers area under equipment
- **Fair** - Minor pieces missing
- **Poor** - Drainage problems, dried and cracked, large pieces missing, not properly covering large areas under equipment

**Questions regarding playground:**

Is there more than one playground? ( ) Yes ( ) No

If yes: Playground #1: ( ) Concrete ( ) Blacktop ( ) Dirt ( ) Other (specify): ______________________________

Playground #2: ( ) Concrete ( ) Blacktop ( ) Dirt ( ) Other (specify): ______________________________

Does your school have playground equipment? ( ) Yes ( ) No

If yes, condition of equipment: ( ) Good ( ) Fair ( ) Poor

Does your playground equipment have safety matting? ( ) Yes ( ) No

If yes, condition of matting: ( ) Good ( ) Fair ( ) Poor

O. Component: **Gymnasium**

How many gymnasiums does your school/facility have? **Circle one.**

- 0
- 1
- 2

**Evaluative criteria for gymnasiums**

**Lighting**
- **Good** - Good lighting, all lights in good working order
- **Fair** - Some lights need replacing, lighting acceptable
- **Poor** - Dim lighting, safety concerns, most lights need replacing

**Flooring**
- **Good** - No damage, lines clearly visible, even surface
- **Fair** - Minor damage, repairable, no tripping hazards, lines visible
- **Poor** - Buckling, warping, top coat missing, generally uneven, slippery
Bleachers
Good - No damage, retractable
Fair - Minor damage, but most seats usable, retracting mechanism works, but needs repair
Poor - Seats spintered or broken, warped and/or buckled, unsafe, unusable, retracting mechanism does not work and needs replacing

Questions regarding the gymnasium
In your opinion, the lighting is: (Circle one)
Good Fair Poor
In your opinion, the flooring is: (Circle one)
Good Fair Poor
In your opinion, the bleachers is: (Circle one)
Good Fair Poor

Does the primary (main) gymnasium have a divider or partition? ( ) Yes ( ) No
If yes, does the divider open and close properly? ( ) Yes ( ) No

P. Component: Trash Storage and Removal
Does your school/facility have sufficient trash storage? ( ) Yes ( ) No
Do you have outdoor containers for trash storage? ( ) Yes ( ) No If yes, number: __________
Whether or not your facility has containers, does the portion of the yard where containers are, or would be placed, provide access from the street through a curbcut or fence?
( ) Yes ( ) No

Does your school/facility have a recycling program? ( ) Yes ( ) No
Do you have enough storage space for recyclables? ( ) Yes ( ) No

Q. Component: Drinking Fountains
Total number of drinking fountains: _______________________
Number currently functioning: _______________________
Number needing repair (or repairable): _______________________
Number needing replacement: _______________________

R. Component: Kitchen(s)
Kitchen type: ( ) Full cooking ( ) Partial ( ) Warming pantry ( ) None
Kitchen condition: ( ) Adequate ( ) Inadequate
S. Component: Outdoor Security Lights

Does your school/facility have outdoor lighting? ( ) Yes ( ) No

Is outdoor lighting adequate? ( ) Yes ( ) No