### horizontal line**School Facilities Observation Checklist**

#### **Observer Information**

* **Observer Name:**
* **Date of Observation:**
* **Location:**
* **Time:**
* **Position/Role:**

#### **Observation Criteria**

| **Facility Aspect** | **Yes** | **No** | **N/A** | **Comments/Notes** |
| --- | --- | --- | --- | --- |
| Cleanliness of classrooms |  |  |  |  |
| Adequate lighting in all areas |  |  |  |  |
| Working condition of toilets |  |  |  |  |
| Proper ventilation |  |  |  |  |
| Availability of first aid kits |  |  |  |  |
| Safe and well-maintained playground |  |  |  |  |
| Accessibility for all students |  |  |  |  |
| Functional cafeteria facilities |  |  |  |  |
| Classroom and lab equipment maintained |  |  |  |  |
| Emergency exits clearly marked |  |  |  |  |

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#### **Overall Rating**

Provide an overall rating based on observed facilities:

* **Rating Scale (e.g., 1–5):**
  + **1** - Needs Urgent Improvement
  + **2** - Below Standard
  + **3** - Acceptable
  + **4** - Good
  + **5** - Excellent
* **Overall Rating:**

#### **Comments and Recommendations**

Provide additional observations and any recommendations for improvement.