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				

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Classroom and lab equipment maintained				
Emergency exits clearly marked				

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.

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