



CLASSROOM CHECKLIST

Program Name: _____

Classroom Checked: _____

Date: _____

Completed By: _____

E-Mail: _____

Item Checked	Problem	Department
<input type="checkbox"/> Overhead Projectors	_____	Audio Visual Department
<input type="checkbox"/> Lights	_____	Maintenance
<input type="checkbox"/> Chalkboards	_____	Maintenance
<input type="checkbox"/> Chairs	_____	Maintenance
<input type="checkbox"/> Desks	_____	Maintenance
<input type="checkbox"/> Tables	_____	Maintenance
<input type="checkbox"/> Carpets	_____	Maintenance
<input type="checkbox"/> Walls	_____	Maintenance
<input type="checkbox"/> Electrical Outlets	_____	Maintenance
<input type="checkbox"/> Temperature	_____	Maintenance
<input type="checkbox"/> Other (Specific to Program)	_____	_____

Please complete and **return to your School Representative** on a **monthly basis**. Completed checklists can **also be dropped of at the Student Government Office** (located in the Student Centre). If items within the classroom environment are **not** fixed upon request, please notify your School Representative **as soon as possible**.