CHECKLIST FOR SCHOOL ACCESS VISIT

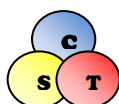School: Date of visit:
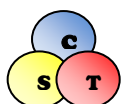
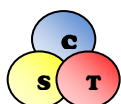Name: Date of birth:

Background information

Area	Comment	Recommendation
Arrival / Departure		
Disabled parking area		
Entrance to be used		
Route to classroom		
Cloakroom area		

Classroom		
Tables and chairs		
Sink		
Interactive board		
Drawer		
Movement around building		
From classroom to toilets		
From classroom to outside		
From classroom to other curriculum areas		
Toilets		
Class toilets		
Sinks, soap, towels		
Disabled toilets		
Hygiene room		

Playground		
Access		
Surfaces		
Play equipment		
Lunchtime		
Tables and chairs		
Servery / trays		
Curriculum areas (other than class base)		
Hall		
IT suite		
Music room		
Library		
Emergency evacuation		
From classroom		

From hall		
From other curriculum areas		

General comments / recommendations

Visit undertaken by: ……………………………………………………………

Qualification: ……..……………………………………………………………

Date: …………………………………………………………………………