

Sound Quality:	<input type="checkbox"/> Acoustics	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Soundproofing	0 1 2 3	0 1 2 3 4 5
Air Quality:	<input type="checkbox"/> Airflow	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Cooling	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Heat	0 1 2 3	0 1 2 3 4 5
Aesthetics:	<input type="checkbox"/> Wall decororation (paint, wallpaper)	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Flooring (carpet, tile, wood)	0 1 2 3	0 1 2 3 4 5
Lighting Quality:	<input type="checkbox"/> Banked	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Banked and dimmable	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Banked and fluorescent	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Multi-level (off, 50%, on)	0 1 2 3	0 1 2 3 4 5
Windows/window treatments:	<input type="checkbox"/> Included <input type="checkbox"/> Not included	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Blinds <input type="checkbox"/> N/A	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Shades <input type="checkbox"/> N/A	0 1 2 3	0 1 2 3 4 5
Floors:	<input type="checkbox"/> Flat	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Sloped	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Stepped	0 1 2 3	0 1 2 3 4 5
Teaching Station:	<input type="checkbox"/> Demonstration table	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Desk	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Platform	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Stage	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Chair	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Full height lecturn	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Half height lecturn	0 1 2 3	0 1 2 3 4 5
Projection Screens:	<input type="checkbox"/> Front wall Size: _____ ‘	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Side Size: _____ ‘	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Back wall Size: _____ ‘	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Corner Size: _____ ‘	0 1 2 3	0 1 2 3 4 5

		Need	Condition
Electrical Outlets:	<input type="checkbox"/> Front wall #: _____	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Side walls #: _____	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Back wall #: _____	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Floor (Location: _____) #: _____	0 1 2 3	0 1 2 3 4 5
Media (Audio/Visual):	<input type="checkbox"/> Projection booth	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> PA system		
	<input type="checkbox"/> Wired	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Wireless	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Wired and wireless	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Sound system	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Assistive listening devices	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Campus cable jack	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Data jack (ID number _____)	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Telephone	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Television	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> VHS VCR	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> DVD	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Laser disk	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> 35 mm Slide projector	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Video/data projector	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Audio cassette	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Audio CD	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Document camera	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Video copy stand	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> 16 mm projector	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Tuner for campus cable	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> PC computer	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Mac computer	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> External interface	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Laptop/notebook	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Audio	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Video	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> Equipment control system		
	<input type="checkbox"/> Keypad		
	<input type="checkbox"/> Crestron		
	<input type="checkbox"/> Touch screen		
<input type="checkbox"/> Video origination _____			
Other:	<input type="checkbox"/> _____	0 1 2 3	0 1 2 3 4 5
		0 1 2 3	0 1 2 3 4 5

Need: 0 = Irrelevant 1 = Unnecessary 2 = Useful 3 = Essential
Condition: 0 = Missing 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

	<input type="checkbox"/> _____	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> _____	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> _____	0 1 2 3	0 1 2 3 4 5
	<input type="checkbox"/> _____		