



## B. SPORTS FEATURES

1 5 - 1 2 - \_\_\_\_\_ - \_\_\_\_\_

MARK "X" IF NO SPORTS FEATURES AND SKIP SECTION B

FOR EACH FEATURE BELOW, COMPLETE ITEM B1  IF B1 TOTAL >0, CODE B2 AND B3	B1. How Many?		B2. Condition of Feature – How many in each?					B3. Does the Feature have Lighting?	
	TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES
			TALLY	TOTAL	TALLY	TOTAL			
a. Field, Multi-use		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
b. Field, Football		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
c. Field, Baseball		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
d. Field, Soccer		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
e. Court, Basketball		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
f. Court, Tennis		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
g. Court, Volleyball		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
i. Court, Multi-use		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
m. Running/Walking Track		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
n. Pool (> 3ft deep)		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
o. Wading Pool/Spray Grounds		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
p. Playground Area		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
q. Skateboarding Facilities		_____		_____		_____		_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1
FOR EACH FEATURE, COMPLETE B1 IF B1=1, CODE B2 AND B3	B1. Is Feature Present?		B2. Condition of Feature			B3. Does the Feature have Lighting?			
	NO	YES	POOR	OK/GOOD	COULD NOT RATE	NO	YES		
r. Exercise Stations with signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
s. Exercise Stations without signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		

**NOTES**

## C. SCHOOL FEATURES AND AMENITIES

1 5 - 1 2 - - - - -

FOR EACH FEATURE, COMPLETE C1 IF C1=1, CODE C2	C1. Is Feature Present?		C2. Condition of Surface or Feature		
	NO	YES	POOR	OK/GOOD	COULD NOT RATE
a. Green Space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
b. Beach	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. Other Water Features	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
d. Shelters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
e. Picnic Tables	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
f. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
g. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
h. Decorative Water Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
i. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
j. Grills/Fire Pits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
k. Trails <i>IF NO TRAILS, SKIP 1 AND 2 BELOW</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
<b>1. Two-way Traffic on Trails?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<b>NOTES</b>		
<b>2. Surface Material on Trails? CODE ONLY 1</b>					
Asphalt/Concrete	<input type="checkbox"/> 1				
Wood Chips/Mulch	<input type="checkbox"/> 2				
Gravel	<input type="checkbox"/> 3				
Dirt	<input type="checkbox"/> 4				
More than 1 material	<input type="checkbox"/> 5				

## D. INCIVILITIES

D1. How much of ... is on the school property?	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3