

Site Survey Form for Students

Survey Details

Survey Conducted By: _____

Institution Name: _____

Date: _____

Purpose of Survey: _____

Site Observations

Location Suitability:

- Suitable
- Needs Improvement

Safety Conditions:

- Safe
- Requires Safety Measures

Facility Availability:

- Classrooms
- Library
- Laboratory
- Sports Area

Feedback from Students

Describe the students' observations about the site, including positive aspects and areas of improvement.

Survey Completion

Surveyor Signature: _____

Date: _____

Supervisor Approval: _____

Signature: _____

Date: _____