

DATE: NAME OF THE ST: ROLL No.:

Name of the school:

Circle the number of schools visited: 1 2 3

**A. BASIC INFORMATION ABOUT SCHOOL**

1. NAME OF THE SCHOOL:
2. TYPE OF SCHOOL: GOVT/ MUNICIPAL CORPORATION /PRIVATE/MISSIONARY
3. GENERAL SOCIO ECONOMIC STANDARD OF THE STUDENTS: HIGHER INCOME/ HIGHER MIDDLE CLASS/LOWER MIDDLE CLASS/LOWER INCOME/BELOW POVERTY LINE
4. STANDARDS AVAILABLE:
5. TOTAL NUMBER OF STUDENTS:
6. MEDIUM OF INSTRUCTION (Hindi/Marathi/English/specify others \_\_\_\_\_)
7. DAY / RESIDENTIAL
8. GIRLS / BOYS/ CO ED
9. CURRICULUM: REGULAR/ADAPTED/ PLUS

**B. LOCATION OF THE SCHOOL:**

1. Noise free / normally accepted noise level / noisy
2. Access to public transport: Good / ok/poor
3. School bus: yes/no
4. Any rehab service in close vicinity (travelling time from school within 1 hr): Nil/special school/clinic/center/teacher education program/vocational program/guidance-counselling center/private coaching

**REFLECTIONS :What are your views about the accessibility of the school for students with special needs ?**

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**C.ACCESS AND BARRIER**

**1. ARCHITECTURE (SCHOOL):**

- a. Floors in school building: Ground plus \_\_\_\_\_
- b. Overall school building has natural light/fresh air/ventilations: Good/Adequate/poor
- c. Floor to floor ramps: YES/NO/NA
- d. Ground floor ramps: YES/NO
- e. Elevator/lift: YES/NO/NA
- f. Audio message system in the elevators: YES/NO/NA
- g. Height of steps in school staircase: Small/average/tall
- h. Support railings on both the sides of the staircase: YES/NO/NA
- i. Appropriate passages, corridors, approach road to school for mobility for **wheel chair**:  
Big enough/Somehow manageable/ not possible

## HACSE-SCHOOL VISIT-TASK 1

- j. Appropriate Passages, corridors, approach road to school for mobility for **wheel chair**:  
Bumpy, kachcha, rough/ manageable/ not possible
- k. Appropriate Passages, corridors, approach road to school for **other mobility aids**:  
Appropriate/manageable/poor

### **2. ARCHITECTURE (CLASSROOM)**

- a. Natural light/fresh air/ventilations in classroom: Good/Adequate/poor
- b. Classroom size: \_\_\_\_\_
- c. Teacher: student ratio is 1: \_\_\_\_
- d. Placement of benches: \_\_\_\_ children per bench.
- e. Placement of benches: Appropriate/cluttered

### **3. FURNITURE/FIXTURES (SCHOOL BUILDING)**

- a. Display of Mission/Vision statement (YES/ NO)
- b. List of holidays (YES/NO)
- c. Calendar of activities (YES/ NO)
- d. PTA schedule (YES/ NO)
- e. Information about availability of resource teacher/unit (YES/ NO)
- f. Posters related to issues about CWSN (YES/ NO)

### **4. FURNITURE/FIXTURES (CLASSROOM)**

- a. Chairs / benches as per the height of the children: YES/NO
- b. Light and movable chairs: YES/NO (For preschool)
- c. Noise free movable chairs/fans/AC etc:
- d. Black board conditions: Well lit/ well maintained/fully functioning duster/no glary parts
- e. Any TLM on current topics/lessons displayed in the class? YES/NO
- f. TLM size currently displayed in classroom: Appropriate/too small/NA
- g. Currently displayed TLM is supported with age appropriate written sentences?  
YES/NO/NA

## **D. TECHNOLOGY AND EQUIPMNTS**

### **1. GENERAL CLASSROOM TECHNOLOGY:**

Sr. NO	CLASSROOM TECHNOLOGY	AVAILABLE/ NOT-AVAILABLE
1.	Blackboards, dusters and chalks	
2.	Soft boards	
3.	Computer	
4.	Overhead projectors	
5.	LCD projector	
6.	Internet access	
7.	Charts	
8.	Stencils	
9.	White boards	
10.	Maps & Globe	
11.	Models/ objects/ for demonstration	
12.	Tape recorder & cassettes.	
13.	Television	
14.	CC TV	
15.	Pictures, photographs, objects	

HAC-SE-SCHOOL VISIT-TASK 1

**2. DISABILITY SPECIFIC CLASSROOM TECHNOLOGY**

Sr. NO.	CLASSROOM TECHNOLOGY	AVAILABLE/ NOT-AVAILABLE
<b><i>ASSISTIVE TECHNOLOGY FOR VISION: Aids students who are blind or have low vision.</i></b>		
1.	Eyeglasses	
2.	Large-print books	
3.	Books on tape	
4.	Magnifying glass	
5.	Slate and Braille stylus	
6.	Lighting contrasts	
7.	Adapted paper (e.g., raised surfaces, highlighted lines, various colors, sizes)	
8.	Highlighters & Color-blind aides	
9.	Calculator with large keys or large display & Talking calculators	
10.	Braille writer (to take notes, store information, print in various formats)	
11.	Braille translation software (translates inputted text that can be Brailled)	
12.	Braille printer	
13.	Computer with speech output or feedback	
14.	Operating system special-accessibility options (screen enlargement, adjustment of keyboard, sound, display, mouse)	
15.	Computer-screen magnifiers	
16.	Letter- or word-magnification software	
17.	Glare-reduction screens	
18.	Talking electronic dictionary, thesaurus & spell checker	
19.	Voice-output or screen-reading software & Screen readers	
<b><i>ASSISTIVE TECHNOLOGY FOR HEARING : Aids students who are deaf or hard-of-hearing.</i></b>		
1.	Hearing aids	
2.	Hearing aids repair service	
3.	Spare parts	
4.	Extra batteries	
5.	Vibrotactile systems	
6.	Headphones (to keep the listener focused, adjust sound, etc.)	
7.	Group amplification systems	
8.	Closed-captioning television	
9.	Audio-voice amplification device for teachers	
<b><i>ASSISTIVE TECHNOLOGY FOR COMMUNICATION : Aids students who have difficulty in communicating effectively (i.e., they are unintelligible, have no or very little verbal skills, or have limited language proficiency).</i></b>		
1.	Communication boards	
2.	Communication books	
3.	Eye-gaze or eye-pointing systems	
4.	Simple voice-output devices	
5.	Augmentative communication devices (visual display, printed or speech output)	
6.	Text-to-voice and voice-to-text software	
7.	Head-pointing devices	
8.	ISL/ ASL interpreters	
9.	Tactile communication	
10.	Use of visual aids for communication	

HACSE-SCHOOL VISIT-TASK 1

**REFLECTIONS** :Do you think this school/classroom satisfies the parameters of being 'barrier free'? Make a list of barriers (if any) in the school/classroom and suggest measures to overcome them.

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**D. OVERALL IMPRESSION :**

- a. Cleanliness (Excellent/ Good/ Average/ Poor)
- b. Maintenance (Excellent/ Good/ Average/ Poor)
- c. Discipline (Excellent/ Good/ Average/ Poor)
- d. Visitor friendly (Excellent/ Good/ Average/ Poor)

**REFLECTIONS** : What are the key strengths of the institute? Identify the areas of concern which need improvement.

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**NAME OF THE STUDENT TEACHER :** \_\_\_\_\_

**SIGNATURE WITH DATE:** \_\_\_\_\_