SCHOOL LIBRARY ASSESSMENT

Completed by: _______________________  Position: _____________________

Email: _____________________________________

Name of school:   ______________________________ District: __________________________

Grade Levels: ___________________________  Student Enrollment: ____________

Is there a dedicated library space?   Yes_____      No_____  

Please describe the library space (condition, functional spaces - instructional spaces, labs, study areas, etc):
________________________________________________________________________
________________________________________________________________________

Hours of operation:  ____________________________________________________

Staffing:
Licensed Librarians (Library - All Levels):               _________________FTE(s)
Library Assistants (paraprofessionals/ESP’s):      _________________FTE(s)

Annual budget allotted to library:
Total amount of salary expenditure (certified/ESP/paraprofessionals) : _________________

Total amount for materials (print/electronic resources, supplies): _________________________

Collections:
Number of print books: _______________

Access to Massachusetts Library System databases?* Yes _____    No _____

*Available only to schools with licensed librarians

Library Usage:
Instruction:       Yes_____ (describe/explain below)       No_____  

________________________________________________________________________
________________________________________________________________________

Scheduled Study Halls? Yes_____       No_____  

Regular access suspended for testing? Yes_____       No_____  

Additional comments? __________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________