

School Classroom Acoustics Survey Form

School Name

Classroom/Room Number

Observer Name

Observation Date

Room Type

- ☐ General Classroom
- ☐ Music Room
- ☐ Gym
- ☐ Other

Number of Students

Room Dimensions (Length x Width x Height in meters)

Is it easy to hear the teacher from the back of the room?

- ☐ Yes
- ☐ No

Are there any noticeable echoes or reverberation?

- ☐ None
- ☐ Somewhat
- ☐ Significant

Sources of Background Noise (Check all that apply)

- ☐ HVAC (Heating/Air Conditioning)
- ☐ Hallway Noise
- ☐ Outdoor Noise
- ☐ Adjacent Classrooms
- ☐ Other

Are acoustic treatments present?

☐ Yes

☐ No

Additional Comments/Observations