



**POKHARA UNIVERSITY
FACULTY OF HEALTH SCIENCES
SCHOOL OF HEALTH AND ALLIED SCIENCES**

School Facility Evaluation Format

Name Evaluator/s (Faculty/staff/student):

Program: **Semester/year**

Indicators	Strongly satisfied	Satisfied	Uncertain	Dissatisfied	Strongly Dissatisfied
1. Drinking water					
2. Toilet facility					
3. Locker facility					
4. Parking facility					
5. Classroom facility (ventilation, light, adequacy of space, seat arrangement)					
6. Teaching Learning Facility					
a) Faculty sufficiency					
b) Faculty cooperation					
c) Specialized/skill of faculties					
d) Library					
e) Internet facility					
f) Laboratory facility					
g) Community/field exposure					
h) Clinical/practical exposure					
7. Transport facility					
8. Social activity/ECA					
9. Administrative support					
10. Waste management system					
11. Cleanliness of surrounding					
12. Academic environment					

Semester/year start date.....End date

Note: To be managed by the student counseling, feedback and placement committee of the School (to be assessed before completion of semester/year)