

School Name:
(write in print below)

Technician Initials

Date / /

Day Month Year

ISCOLE SCHOOL AUDIT TOOL (ISAT)

School Name: _____

Start Time: _____

Finish Time: _____

I. SCHOOL BUILT ENVIRONMENT

A. ACCESS TO THE SCHOOL

1. Please locate each entrance to the school and record its grid reference. Record whether the entrance is accessible by cars, pedestrians, and/or cyclists. (Check all that apply). Then record what mode of transportation the entrance appears to be designed for. (Check all that apply.) Determine if the entrance is an official entrance and check No or Yes. Also, for entrances that open onto a road, please record the speed limit, in miles or kilometers per hour, on the adjacent road and whether roadside parking is available.

Grid Ref (e.g., A1)	Is entrance accessible by...? (Check all that apply.)			Is this entrance designed for use by? (Check all that apply.)			Is this an official entrance? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	Does the entrance open onto a road? <input type="checkbox"/> N <input type="checkbox"/> Y →	For each entrance that opens onto a road...	
	Cars	Peds.	Cycls.	Cars	Peds.	Cycls.			Speed limit of adjacent road <input type="checkbox"/> Miles/h	Is roadside parking available? <input type="checkbox"/> N <input type="checkbox"/> Y
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	<input type="checkbox"/> N <input type="checkbox"/> Y →	<input type="checkbox"/> Miles/h	<input type="checkbox"/> N <input type="checkbox"/> Y
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	<input type="checkbox"/> N <input type="checkbox"/> Y →	<input type="checkbox"/> Miles/h	<input type="checkbox"/> N <input type="checkbox"/> Y
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	<input type="checkbox"/> N <input type="checkbox"/> Y →	<input type="checkbox"/> Miles/h	<input type="checkbox"/> N <input type="checkbox"/> Y
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	<input type="checkbox"/> N <input type="checkbox"/> Y →	<input type="checkbox"/> Miles/h	<input type="checkbox"/> N <input type="checkbox"/> Y
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	<input type="checkbox"/> N <input type="checkbox"/> Y →	<input type="checkbox"/> Miles/h	<input type="checkbox"/> N <input type="checkbox"/> Y
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	<input type="checkbox"/> N <input type="checkbox"/> Y →	<input type="checkbox"/> Miles/h	<input type="checkbox"/> N <input type="checkbox"/> Y
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	<input type="checkbox"/> N <input type="checkbox"/> Y →	<input type="checkbox"/> Miles/h	<input type="checkbox"/> N <input type="checkbox"/> Y
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	<input type="checkbox"/> N <input type="checkbox"/> Y →	<input type="checkbox"/> Miles/h	<input type="checkbox"/> N <input type="checkbox"/> Y
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Not allowed	<input type="checkbox"/> N <input type="checkbox"/> Y →	<input type="checkbox"/> Miles/h	<input type="checkbox"/> N <input type="checkbox"/> Y

ISCOLE QUALITY CONTROL (QC) and DATA ENTRY:

QC Staff Initials: _____ Date: ____ / ____ / ____

Data Entry Staff Initials: _____ Date: ____ / ____ / ____

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Year

B. THE SURROUNDING AREA

2. Is the area around the school predominantly...? (Check one.)

Residential

Open fields/ commons/ parks

Business/ retail

A mixture of different land uses

Are the following visible from any of the entrances?

3. Somewhere where parents can stop and drop children off? Yes No

4. Somewhere where parents can park their cars? Yes No

5. A bus stop? Yes No

6. Cycle lanes:

a. Separated from the road? Yes No

b. On the road? Yes No

7. Pavements/sidewalks:

a. On both sides Yes No

b. On one side of the road only Yes No

8. A marked pedestrian crossing to assist access to the school Yes No

9. Traffic calming Yes No

10. Signage:

a. School warning signs for road users Yes No

b. Road safety signs Yes No

c. Route signs for cyclists Yes No

11. Fast food restaurants Yes No



Remember to refer to the Item Definitions to help keep the study strong!

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C. THE SCHOOL GROUNDS

Please indicate whether the following features are present.

For most amenities, record whether or not the school grounds contains AT LEAST ONE FUNCTIONAL example (i.e., good or adequate quality) of that amenity, whether ALL EXAMPLES ARE NON-FUNCTIONAL (i.e., poor quality), or whether the amenity is NOT AVAILABLE.

For amenities where you are asked to assess the number of functional examples and overall quality, if available:

- Record the number of functional examples TO A MAXIMUM OF 10 (i.e., if more than 10, you can stop counting at 10 and put "10" in the space provided).
- For overall quality, use the following scale:

1	2	3	4	5
Entirely or almost entirely broken down and non-functional	Mostly broken or non-functional, but some equipment can be used by students	About 50/50 functional vs. not	Mostly functional but some broken pieces	100% or almost 100% functional

"Play" and other active areas

	Quality		Amenity not available
	At least one example that is FUNCTIONAL	All are NON-FUNCTIONAL	
12. Outdoor paved area that can be used for active games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Bright or fluorescent markings on play surfaces (e.g., hopscotch, animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Grassy or soft surface play area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Assault course/fitness course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of different TYPES (max 10) (#: _____)	Overall quality (Circle one) 1 2 3 4 5	Amenity not available <input type="checkbox"/>

"Sports" areas

	Quality		Amenity not available
	At least one example that is FUNCTIONAL	All are NON-FUNCTIONAL	
17. Outdoor sports fields (e.g., football, softball, cricket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Running track (grass or hard surface)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Paved courts for sport (e.g., tennis, basketball including half court, netball, multicourt area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Other areas

	Quality		Amenity not available
	At least one example that is FUNCTIONAL	All are NON-FUNCTIONAL	
20. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opportunities to interact with nature

	Quality		Amenity not available
	At least one example that is FUNCTIONAL	All are NON-FUNCTIONAL	
23. A wildlife/nature garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. A vegetable garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting features

	Number of functional examples (max 10) (#: _____)	Overall quality (Circle one)	Amenity not available	
				1
25. Benches	(#: _____)	1 2 3 4 5	<input type="checkbox"/>	
26. Picnic tables	(#: _____)	1 2 3 4 5	<input type="checkbox"/>	
27. Drinking fountains	(#: _____)	1 2 3 4 5	<input type="checkbox"/>	
28. Uncovered cycle parking (indicate how many bikes can be parked, to a maximum of 10) Is the cycle parking in a secure area to avoid theft? Y <input type="checkbox"/> N <input type="checkbox"/>	(#: _____)	1 2 3 4 5	<input type="checkbox"/>	
29. Covered cycle parking (indicate how many bikes can be parked, to a maximum of 10) Is the cycle parking in a secure area to avoid theft? Y <input type="checkbox"/> N <input type="checkbox"/>	(#: _____)	1 2 3 4 5	<input type="checkbox"/>	

30. Are the school grounds on a split site? Yes No
31. Are the school grounds predominantly...? Flat Sloping/undulating

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D. AESTHETICS

Please indicate whether the following are present:

- | | | |
|---|--|--------------------------------------|
| 32. Planted beds containing flowers/ shrubs/ small trees. | None <input type="checkbox"/> | Some/ A lot <input type="checkbox"/> |
| 33. Trees for sitting under | None <input type="checkbox"/> | Some/ A lot <input type="checkbox"/> |
| 34. Ambient noise (e.g., traffic, trains, industry) | None <input type="checkbox"/> | Some/ A lot <input type="checkbox"/> |
| 35. Litter | None, very occasional, or very little,
localized litter in an otherwise litter-free campus <input type="checkbox"/> | Some/ A lot <input type="checkbox"/> |
| 36. Murals/ Outdoor art | None <input type="checkbox"/> | Some/ A lot <input type="checkbox"/> |
| 37. Graffiti | None <input type="checkbox"/> | Some/ A lot <input type="checkbox"/> |

E. USAGE

Are the school grounds generally suitable for... ?

- | | | |
|---|-------------------------------------|---|
| 38. Sport (organized or not) | Not at all <input type="checkbox"/> | Somewhat/ Very <input type="checkbox"/> |
| 39. Informal games (kickabout, frisbee, etc.) | Not at all <input type="checkbox"/> | Somewhat/ Very <input type="checkbox"/> |
| 40. General play | Not at all <input type="checkbox"/> | Somewhat/ Very <input type="checkbox"/> |

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II. SCHOOL FOOD ENVIRONMENT

41. Does the school have a school shop/ store where the students can purchase food, snacks, or drinks?
Yes No
42. Does the school have vending machines available to the students?
Yes No
- a. If YES, how many? _____
- b. If YES, are the machines available to the students and functional (i.e., plugged in)...? (check all that apply)
Before school Between classes During recess/ breaks During lunch After school
43. Please indicate which food and beverage items are available for purchase in the school shop/ store.
- a. Not applicable, school does not have a school shop/store

Food and beverage items	Available?
b. 100% fruit juice or 100% vegetable juice?	<input type="checkbox"/>
c. Sweetened beverages such as regular soft drinks, sports drinks, or fruit drinks that are not 100% juice?	<input type="checkbox"/>
d. Diet soft drinks?	<input type="checkbox"/>
e. Low-fat or skim milk (flavored or regular)?	<input type="checkbox"/>
f. Whole white or flavored milk	<input type="checkbox"/>
g. Water?	<input type="checkbox"/>
h. Fruit (fresh, frozen, canned, or dried)?	<input type="checkbox"/>
i. Breadsticks, rolls, bagels, pita bread, or other bread products?	<input type="checkbox"/>
j. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods?	<input type="checkbox"/>
k. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat?	<input type="checkbox"/>
l. Low-fat or nonfat yogurt?	<input type="checkbox"/>
m. Low-fat or fat-free ice cream, frozen yogurt, or sherbet?	<input type="checkbox"/>
n. Ice cream or frozen yogurt that is not low in fat?	<input type="checkbox"/>
o. Other dairy products that are not low in fat, such as yogurt, pudding, etc.	<input type="checkbox"/>
p. Pizza, hamburgers, sandwiches, meat pies, and other baked savory pastries?	<input type="checkbox"/>
q. Lettuce, vegetable, or bean salads?	<input type="checkbox"/>
r. Other vegetables?	<input type="checkbox"/>
s. French fried potatoes?	<input type="checkbox"/>
t. Chocolate candy?	<input type="checkbox"/>
u. Other kinds of candy?	<input type="checkbox"/>
v. Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips?	<input type="checkbox"/>

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w. Salty snacks that are not low in fat, such as regular potato chips or cheese puffs?	<input type="checkbox"/>
x. Granola or cereal bars	<input type="checkbox"/>
y. Other: _____?	<input type="checkbox"/>

44. Please indicate which food and beverage items are available for purchase across all of the vending machines available to the students.

a. Not applicable, school does not have any vending machines

Beverage items	Available?	Number of items
b. 100% fruit juice or 100% vegetable juice?	<input type="checkbox"/>	
c. Sweetened beverages such as regular soft drinks, sports drinks, or fruit drinks that are not 100% juice?	<input type="checkbox"/>	
d. Diet soft drinks?	<input type="checkbox"/>	
e. Low fat or skim milk?	<input type="checkbox"/>	
f. Whole white or flavored milk	<input type="checkbox"/>	
g. Water?	<input type="checkbox"/>	

Food items	Available?	Number of items
h. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods?	<input type="checkbox"/>	
i. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat?	<input type="checkbox"/>	
j. Chocolate candy?	<input type="checkbox"/>	
k. Other kinds of candy?	<input type="checkbox"/>	
l. Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips?	<input type="checkbox"/>	
m. Salty snacks that are not low in fat, such as regular potato chips or cheese puffs?	<input type="checkbox"/>	
n. Nuts?	<input type="checkbox"/>	
o. Trail mix (e.g., combination of nuts and dried fruit)	<input type="checkbox"/>	
p. Granola or cereal bars	<input type="checkbox"/>	
q. Other: _____?	<input type="checkbox"/>	

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