

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? _____
