

GENERAL INFORMATION

This form is to be used to perform a one-time school site Needs Assessment for each eligible school as defined by Regulation Section 1859.311. Do not complete the form for any school that was newly constructed on or after January 1, 2000. The form must be submitted to the OPSC by January 1, 2006.

SPECIFIC INSTRUCTIONS**Part I. Information****Section A:**

Local Educational Agency (LEA): enter the LEA.

County: enter the county.

Needs Assessment ID Number: this number is assigned at the time of a fund release for each school site that is required to submit the Needs Assessment Report.

School Name: enter the school name.

CDS Code: enter the County-District-Code (CDS) code.

Physical School Address: for Special Education programs operated in multiple locations under a single CDS code, indicate "multiple locations" in lieu of a physical site address.

Site Ownership: indicate whether the site is owned or leased by the LEA.

Section B:

Indicate the name and contact information for each person that participated in the completion of the assessment.

Section C:

Enter the following:

- Site enrollment as measured by the California Basic Educational Data System (CBEDS) Report for 2003/2004 enrollment reporting period.
- Existing Site Size measured in useable acres as defined by the School Facility Program Regulation Section 1859.2.
- Density of the school campus measured in pupils per useable acre.
- Indicate if this site operates on a multitrack year-round calendar, and, if so, what type. For purposes of this section, select from the following types of MTYRE schedules: 60/20, 60/15, Orchard, 90/30, 45/15, Concept 6, Modified Concept 6, and Custom.
- Type of facility used for pupil dining which is not designated for classroom instruction.

Part II. Facility Inventory

List each building separately. Use additional sheets to report information for additional buildings on the site.

- Enter the building identification number/letter as indicated on the site map to be submitted to the OPSC with the certification page of the Form. Identify all buildings on the site that house pupils and staff as part of the regular school curriculum. The building identification must be unique and cannot be used to identify another building on the same site.
- Indicate whether the building is owned or leased by the LEA.
- Indicate whether the building is of permanent or portable construction. For a definition of portable classroom please refer to Education Code Section 17070.15(j).

- Indicate the total enclosed square footage of the building. For multilevel buildings, report the sum of the square footage at each level.
- Enter the year of original construction. For purposes of this program, the year of construction shall be considered the date the Notice of Completion was filed with the county recorder, if available. If the date of the Notice of Completion is not available, the LEA may use the year of occupancy as evidenced by historical record.
- Enter the year of the last building modernization project excluding any routine and deferred maintenance regardless of the modernization project funding source. For purposes of the assessment, modernization means major improvements made to extend the useful life of, or to enhance the physical environment of the building.
- Enter "yes" or "no" to indicate whether the modernization project was funded with State bond funds (partially or entirely), under the provisions of the Lease-Purchase Program (Leroy F. Greene State School Building Lease-Purchase Law of 1976) or School Facility Program (Leroy F. Greene School Facilities Act of 1998).
- List the facilities housed in the building (such as classrooms, library, multipurpose room, gymnasium, auditorium, theater/performing arts, cafeteria, kitchen, administration, nurse's office, toilet facilities, counseling, or other).
- When indicating "Classrooms" as the type of facility, enter the number of classrooms by grade level. For purposes of the assessment, classroom means a teaching station currently used as an area in which to provide pupil instruction including, but not limited to, standard classrooms, industrial arts/art rooms, business educational labs, science labs, homemaking labs, special education classrooms, and music classrooms.

Provide a summary of the following:

- The age and number of portable classrooms at the school.
- The pupil capacity of the site measured by multiplying the number of classrooms by the appropriate State loading standard.

Part III. Useful Life of Major Building Systems

Use this section to identify useful life remaining of all major building systems for each building identified in Part II of the form. Enter the building identification number and complete all three pages for each building identified in Part II. Use a separate sheet and identify "campus-wide" in lieu of a particular building to evaluate systems that encompass the entire campus, such as a sewer system. Use zero as the remaining useful life for a component that is at the end or past its expected useful life.

Part IV. Five-Year Costs to Maintain Functionality**Section A:**

Complete this section by estimating costs for each of the five years to maintain functionality of each building to provide a healthy, safe, and suitable learning environment. Complete a separate sheet for each building identified in Part II. Use a separate sheet and identify "campus-wide" in lieu of a particular building to estimate maintenance costs for a particular building component that is located throughout the entire campus.

Section B:

Summarize five-year maintenance costs by building and provide a total cost estimate for the campus.

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Part V. Necessary Repairs

Use this form to identify the necessary repairs at the school site including any health and safety items. Use the building components identified in Part IV to categorize the repair items. Repair cost estimates should include all related project costs. The dollar values assigned to the costs of the repairs are to be included in the district's first year cost estimate to maintain functionality of the facilities in Part IV of the Form.

Part VI. Certification

Mail the completed form to the OPSC at the following address:

Office of Public School Construction
1130 K Street, Suite 400
Sacramento, CA 95814

Attach a current site diagram of the school, which must identify all buildings on the site on paper not to exceed 11" x 17". For Special Education programs operated in multiple locations under a single CDS code, provide a summary of all buildings identified in the assessment with a corresponding address of the physical location of the buildings as well as the CDS codes of the school sites on which the Special Education buildings are located, if applicable.

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Part I. Information

Section A. LEA/School Information

LOCAL EDUCATIONAL AGENCY (LEA)	COUNTY	NEEDS ASSESSMENT ID NUMBER
SCHOOL NAME		CDS CODE (SEE CALIFORNIA PUBLIC SCHOOL DIRECTORY)
PHYSICAL SCHOOL ADDRESS		SITE OWNERSHIP

Section B. Inspector(s) Information (Use additional sheets if necessary)

NAME	TITLE	REPRESENTATIVE OF	AREA OF EXPERTISE	ADDRESS	TELEPHONE NUMBER	E-MAIL ADDRESS

Section C. School Enrollment Information

2003 CBEDS: _____ Does the school operate on MTYRE schedule? Yes No

Existing Site Size (Useable Acres): _____ If yes, type of MTYRE schedule: _____

Site Density (Pupils/Acre): _____ Type of lunch facility on site: _____

Part III. Useful Life of Major Building Systems (Use additional sheets to complete Part III for each building on site)

Building Identification: _____

BUILDING SYSTEM	SUB-SYSTEM	ELEMENTS/MATERIALS (CHECK IF APPLICABLE)	USEFUL LIFE REMAINING
Structural	Foundation	<input type="checkbox"/> Concrete <input type="checkbox"/> Other	
	Wall Framing	<input type="checkbox"/> Wood <input type="checkbox"/> Other	
	Floor Framing	<input type="checkbox"/> Wood <input type="checkbox"/> Other	
	Roof Framing	<input type="checkbox"/> Wood <input type="checkbox"/> Other	
Roofing	Roofing	<input type="checkbox"/> Built-Up Roofing <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Single-Ply Roofing <input type="checkbox"/> Elastomeric Roofing <input type="checkbox"/> Composition Shingles Roofing <input type="checkbox"/> Sheet Metal Roofing <input type="checkbox"/> Foam Roofing <input type="checkbox"/> Tile Roofing <input type="checkbox"/> Other	
	Flashing and Sheet Metal	<input type="checkbox"/> Gutters <input type="checkbox"/> Downspouts <input type="checkbox"/> Expansion Joints <input type="checkbox"/> Other	
Exterior Envelope	Siding	<input type="checkbox"/> Plywood Siding <input type="checkbox"/> Hardboard Siding <input type="checkbox"/> Wood Board Siding <input type="checkbox"/> Lath and Plaster <input type="checkbox"/> Other	
	Exterior Doors	<input type="checkbox"/> Doors <input type="checkbox"/> Frames <input type="checkbox"/> Hardware <input type="checkbox"/> Other	
	Windows	<input type="checkbox"/> Frames <input type="checkbox"/> Glass and Glazing <input type="checkbox"/> Other	
	Soffits and Overhangs	<input type="checkbox"/> Soffits and Overhangs	
Interior Systems	Wall Finishes	<input type="checkbox"/> Painted Gypsum Wallboard <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Paneling <input type="checkbox"/> Tackable Wall Panels <input type="checkbox"/> Other	
	Flooring	<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Other	
	Ceilings	<input type="checkbox"/> Lay-In Acoustical Tile <input type="checkbox"/> Glue-On Acoustical <input type="checkbox"/> Painted Gypsum Wallboard <input type="checkbox"/> Other	

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BUILDING SYSTEM	SUB-SYSTEM	ELEMENTS/MATERIALS (CHECK IF APPLICABLE)	USEFUL LIFE REMAINING	
Interior Systems...	Interior Doors	<input type="checkbox"/> Doors		
		<input type="checkbox"/> Frames		
		<input type="checkbox"/> Hardware		
		<input type="checkbox"/> Other		
Plumbing	Plumbing Fixtures	<input type="checkbox"/> Plumbing Fixtures		
	Water Piping	<input type="checkbox"/> Galvanized Steel Pipe		
		<input type="checkbox"/> Copper Pipe		
		<input type="checkbox"/> Other		
	Waste Piping	<input type="checkbox"/> Cast Iron		
		<input type="checkbox"/> Other		
	Water Heater	<input type="checkbox"/> Gas-Fired Water Heater		
		<input type="checkbox"/> Electric Water Heater		
		<input type="checkbox"/> Other		
	Gas Piping	<input type="checkbox"/> Black Steel		
<input type="checkbox"/> Other				
Electrical Equipment	Lighting	<input type="checkbox"/> Fixtures		
		<input type="checkbox"/> Flood Lighting		
		<input type="checkbox"/> Other		
	Power	<input type="checkbox"/> Switchboards		
		<input type="checkbox"/> Panel and Breakers		
		<input type="checkbox"/> Bus Duct		
		<input type="checkbox"/> Capacitor		
		<input type="checkbox"/> Switch Units		
		<input type="checkbox"/> Other		
	Building Transformer	<input type="checkbox"/> Dry Type		
		<input type="checkbox"/> Other		
	Low-Voltage Systems	<input type="checkbox"/> Telephone		
		<input type="checkbox"/> Data		
		<input type="checkbox"/> CCTV		
		<input type="checkbox"/> Public Address System		
		<input type="checkbox"/> Security Alarm		
<input type="checkbox"/> Other				
Mechanical	Heating Ventilation and Air Conditioning (HVAC)	<input type="checkbox"/> Central Type (Central Boiler – Hydronic Heating/Cooling Tower)		
		<input type="checkbox"/> Central Type (Central Boiler – Hydronic Heating/DX Cool)		
		<input type="checkbox"/> Multi Zone Package Roof Top Unit (Gas Heat/DX Cool)		
		<input type="checkbox"/> Multi Zone Package Roof Top Unit (Electric Heat/DX Cool)		
		<input type="checkbox"/> Single Zone Package Roof Top Unit (Gas Heat/DX Cool)		
		<input type="checkbox"/> Single Zone Package Roof Top Unit (Electric Heat/DX Cool)		
		<input type="checkbox"/> Single Zone Package Heat Pump Roof Top Unit (Electric Heat/Electric Cool)		
		<input type="checkbox"/> Split System (Furnace Heat/Condensing Unit Cool)		
		<input type="checkbox"/> Wall Mounted Heat Pump (Electric Heat/Electric Cool)		
		<input type="checkbox"/> Other		
		Heating and Ventilation (HV)	<input type="checkbox"/> Central Boiler Hydronic Heating with Unit Heaters	
			<input type="checkbox"/> Central Boiler Hydronic Heating with Radiant Under-Floor Piping	
			<input type="checkbox"/> Furnace (Gas-Fired)	
	<input type="checkbox"/> Unit Heaters – Electrical			
	<input type="checkbox"/> Unit Heaters – Gas			
	<input type="checkbox"/> Other			
	Ventilation and Exhaust System	<input type="checkbox"/> Exhaust Fans		
		<input type="checkbox"/> Kitchen Hood and Exhaust Systems		
		<input type="checkbox"/> Other		

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BUILDING SYSTEM	SUB-SYSTEM	ELEMENTS/MATERIALS (CHECK IF APPLICABLE)	USEFUL LIFE REMAINING
Conveying Systems	Elevators	<input type="checkbox"/> Elevators	
	Chair Lifts	<input type="checkbox"/> Chair Lifts	
	Other	<input type="checkbox"/> Other	
Fire and Life Safety	Automatic Fire Sprinkler Systems	<input type="checkbox"/> Wet Type	
		<input type="checkbox"/> Dry Type	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> None	
	Fire Pumps	<input type="checkbox"/> Diesel Generator	
		<input type="checkbox"/> Other	
	Fire Alarm System	<input type="checkbox"/> Manual	
		<input type="checkbox"/> Automatic	
		<input type="checkbox"/> None	

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Part IV. Five-Year Costs to Maintain Functionality

Section A. Detail (Use additional sheets to complete Part IV for each building on site)

Building Identification: _____

BUILDING COMPONENT	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	TOTAL
Roofing						\$
Framing						\$
Flooring						\$
Siding						\$
Windows						\$
Doors						\$
Painting						\$
Potable/Drinking Water						\$
Sewer						\$
Gas						\$
Lighting						\$
Electrical Power						\$
HVAC/HV						\$
Fire and Life Safety						\$
Security						\$
Accessibility						\$
Playground and Field Areas						\$
Other						\$
Total	\$	\$	\$	\$	\$	\$

Part VI. Certification

Please submit a site diagram identifying all buildings on site.

I certify, as the LEA Representative, that the information reported on this form is true and correct and that:

- I am designated as an authorized LEA Representative by the governing board of the LEA; and,
- The information reported in Part III, IV, V was provided by individual(s) and/or entities which have demonstrated to me that he/she/they/its employees possess(es) the necessary qualifications as specified in the Regulation Section 1859.314.

SIGNATURE	DATE
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LEA Representative Contact Information

NAME	TITLE
REPRESENTATIVE OF	
TELEPHONE NUMBER	E-MAIL ADDRESS
MAILING ADDRESS	

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