

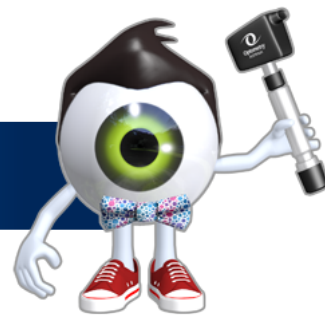


Eye Health Environment – School Checklist

Name/s: _____

Select a location in your school and answer the following questions.

Location:	
Do you think the lighting is at a good level and is even?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Is there glare or reflections from windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Are computer monitors positioned at the correct height or can they be adjusted?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Is the font size on computers set at a reasonable level or easily adjustable?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:



<p>Are computer sessions limited to less than one hour or are you given time for breaks?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>Can font or writing colour be adjusted so everyone can read it?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>Further notes:</p>	