



Rogue Community College

**Institutional Master Plan**

opsis architecture -- Abell Architectural Group

**PROGRAM/SERVICES FACILITY ASSESSMENT QUESTIONNAIRE**

Campus: \_\_\_\_\_

Department: \_\_\_\_\_

Building / Rooms: \_\_\_\_\_

**Statement of Intent:** In effort to assist the Master Planning Design Team in collecting information pertinent to the understanding of each program component/space, we invite you to take a moment to complete this brief form. We will be touring all of the College's spaces during the first workshops on November 30 and December 1. Your assistance will help to evaluate the appropriateness and condition of the facilities which your programs/ services occupy. If you have time to complete these forms prior to our visits or make notes on them, they will become the baseline for our walk-through reviews.

1. What is the Functional Description of your program/service space? (*i.e. what takes place there? What is its intent?*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Ideally, what other programs/service space(s) does your program space need to be adjacent, or near to in order to meet its optimal functional requirements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is the size of your current space adequate to meet your program's/service's needs? (*Yes or No*): \_\_\_\_\_

If 'NO', then ideally, how large (in square feet) should your space be to meet your program's needs? \_\_\_\_\_

4. Has your program experienced changes in its operations, which would require additional space? Less space? More efficient space? Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you anticipate future changes to your program's operations, which would require additional space? Less space? More efficient space? Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Approximately, how many people (staff/students) currently occupy your program/ service space (minimum/maximum)? Do you anticipate any changes to these numbers? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

7. Does the HVAC (heating, air-conditioning, and ventilation) systems in your space perform adequately to meet your program needs? \_\_\_\_\_

\_\_\_\_\_

8. Does the electrical systems meet the needs for your program space? (*i.e. floor outlets, power outlets at specific areas for equipment, special circuits for equipment, etc.*) \_\_\_\_\_

\_\_\_\_\_

9. Does the lighting system meet the requirements of your program uses? (*i.e. indirect lighting, ambient lighting, task lighting, accent lighting, dimming capabilities, etc.*) \_\_\_\_\_

\_\_\_\_\_

10. Do the special audio/visual systems and data systems meet the needs required for your program space? If so, please describe. \_\_\_\_\_

\_\_\_\_\_

11. Are there any other features of your space that are not currently meeting your needs or projected needs \_\_\_\_\_

\_\_\_\_\_

12. Please provide any special comments regarding your program space. These can range from very pragmatic to extremely emotive. Essentially, any additional information that is descriptive of the spatial goals / requirements and does not fit neatly into any of the other categories: \_\_\_\_\_

\_\_\_\_\_

Please return your completed questionnaire to Denise Swafford, [dswafford@rogucecc.edu](mailto:dswafford@rogucecc.edu); RWC, Building H, Ext. 7087 by **December 18, 2009**.