

USE OF CLASSROOM SPACE: ADMINISTRATOR CHECKLIST

1. **Have you developed a timeline for implementation?**

2. **Have you considered, in collaboration with the Superintendent/designee and the impacted department directors:**

- _____ Financial implications?
- _____ Necessary school modifications/renovations?
- _____ Equipping the program?
- _____ Impact on other school or District programs?
- _____ Safety issues?
- _____ Certified and Classified Master Agreement implications?
- _____ Building Code impacts?
- _____ State licensure requirements?

3. **Have you obtained support from impacted personnel?**

- _____ - Appropriate District departments?
 - _____ - Support Services
 - _____ - Learning Services
 - _____ - School Services
 - _____ - Superintendent's Office
- _____ - Other schools/programs which might be affected?