

## Classroom Technology Room Use Survey

This survey will be used to assist us in developing the features and equipment for the new multi-media systems. Please complete to the best of you knowledge.

(Check All That Apply)

<b>College or Dept:</b> _____	<b>Main Contact Name:</b> _____
<b>Building &amp; Room Number:</b> _____	<b>Main Contact Phone:</b> _____
<b>Estimated Budget:</b> _____	<b>Main Contact Email:</b> _____

### Section I. Audience/ Attendees/ Room Capacity

#### 1. Reason for request?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Room remodel                     | <input type="checkbox"/> New room    |
| <input type="checkbox"/> Add technology to existing space | <input type="checkbox"/> Other _____ |

#### 2. Who will be primary users of this space?

- |  |  |
|--|--|
| <input type="checkbox"/> Instructors       | <input type="checkbox"/> Students          |
| <input type="checkbox"/> Management Teams  | <input type="checkbox"/> Restricted Public |
| <input type="checkbox"/> Employee Teams    | <input type="checkbox"/> General Public    |
| <input type="checkbox"/> Customers/Clients | <input type="checkbox"/> Other _____       |

#### 3. How will the room be used?

- |  |   |
|--|---|
| <input type="checkbox"/> Classroom Lectures            | <input type="checkbox"/> Conferences      |
| <input type="checkbox"/> Collaboration/Active Learning | <input type="checkbox"/> Video Conference |
| <input type="checkbox"/> Distance Learning             | <input type="checkbox"/> Web Conference   |
| <input type="checkbox"/> Meetings                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Formal Presentations          |   |

#### 4. Typical number of instructors/presenters

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Multiple |
|---------------------------------|-----------------------------------|

#### 5. Number of attendees per event

- |  |  |
|--|--|
| <input type="checkbox"/> Maximum _____ | <input type="checkbox"/> Minimum _____ |
|--|--|

#### 6. Preferred Seating Arrangement

- |   |  |
|---|--|
| <input type="checkbox"/> Classroom Fixed seating            | <input type="checkbox"/> Conference/Meeting Room |
| <input type="checkbox"/> Classroom Flexible/Movable seating |  |

**Section II. Technical Requirements**

**1. Display type**

- Projector
- Multiple displays
- LCD/Flat screen (rooms less than 25 feet deep)

**2. Presentation sources**

- DVD
- PC
- MAC
- Laptop
- Video/Digital Camera
- Document Camera
- Mobile devices (Tablet/Phone)
- Other \_\_\_\_\_

**3. Type of Presentation**

- Video Presentations
- Data Presentations (e.g. Excel)
- CAD or Engineering Drawings
- Web Graphics/ PowerPoint
- Electronic Whiteboard
- Collaboration/web conference

**4. Speech reinforcement**

- Not Needed
- Microphone
  - Hand-held      Quantity \_\_\_\_\_
  - Clip-on        Quantity \_\_\_\_\_
  - Podium         Quantity \_\_\_\_\_
  - Wireless        Quantity \_\_\_\_\_

**5. Presentation Recording**

- Not Needed
- Audio
- Video/Audio

**Section III. Help us understand your needs & goals - Please describe how you envision this room being used and desired outcomes.**