

ROOM TEMPERATURE RECORD

School:	Staff:	Room:
Town:	Email (optional):	

WEEK 1

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DATE:	DATE:	DATE:	DATE:	DATE:

MORNING TEMPS.				
Time:	Time:	Time:	Time:	Time:
Temp:	Temp:	Temp:	Temp:	Temp:

AFTERNOON TEMPS.				
Time:	Time:	Time:	Time:	Time:
Temp:	Temp:	Temp:	Temp:	Temp:

WEEK 2

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DATE:	DATE:	DATE:	DATE:	DATE:

MORNING TEMPS.				
Time:	Time:	Time:	Time:	Time:
Temp:	Temp:	Temp:	Temp:	Temp:

AFTERNOON TEMPS.				
Time:	Time:	Time:	Time:	Time:
Temp:	Temp:	Temp:	Temp:	Temp:

CONTINUED ON OTHER SIDE

ADDITIONAL COMMENTS

Please use this space to record additional comments about your room and your students (if applicable). For example, if you regularly have to open your windows during heating season or if students are in summer clothes in the winter due to your class being overheated, please note that. We've included some check boxes to get you started, but please write any other details you think would be helpful.

- Windows often need to be open during heating season
- Students in t-shirts or shorts in winter due to overheated room
- Visits to nurses office due to nosebleeds or other overheating-related issues
- Fans running in winter due to overheated room
- Other

Details:

WHEN COMPLETE PLEASE e-mail document or compiled results to pshands@nysutmail.org