

K-12 SCHOOL WELLNESS CENTER PLANNING QUESTIONNAIRE

GENERAL

School Name: _____

Location: _____

Contact Person: _____

Name: _____

Email: _____

Phone Number: _____

Grade Levels Served: _____

Estimated Number of Students: _____

Architect/Design Partner: _____

New Construction or existing space? _____

New construction timeline: _____

DESIGN VISION AND GOALS

What is the primary purpose of the wellness center? (e.g., mental health support, physical wellness, relaxation, multipurpose)

Are there any specific wellness programs or services that will be offered? (e.g., yoga, meditation, counseling)

What is your vision for the atmosphere and overall aesthetic of the wellness center? (e.g., calming, energizing, modern, nature-inspired)

Do you have a specific theme or concept in mind for the space? YES NO

What emotions or feelings do you want the space to evoke in students and staff? (e.g., quietness, joy, safety, supportive, privacy)

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SPACE UTILIZATION AND FUNCTIONALITY

What are the primary activities that will take place in the wellness center? (e.g., group activities, one-on-one counseling, independent relaxation) _____

How many students do you expect to use the wellness center at any given time? _____

What types of spaces do you need within the center? (e.g., Social Spaces, Cocoon Spaces, Counseling Spaces, Recharge Zones) _____

Are there any specific needs for furniture or equipment? (e.g., soft seating, desks, storage, yoga mats, sensory tools) _____

Do you require any technology or multimedia equipment? (e.g., sound systems, projectors, computers) YES NO

ACCESSIBILITY AND INCLUSIVITY

How will the wellness center accommodate students with different needs? (e.g., sensory-friendly spaces, wheelchair accessibility, staffed counselors) _____

Are there any cultural or community considerations to include in the design? YES NO

How do you plan to incorporate inclusivity and diversity into the design?

COLOR, LIGHTING & MATERIALS

Do you have any preferences for color schemes? (e.g., warm tones, cool tones, neutral, vibrant) YES NO

What type of lighting do you envision for the space? (e.g., natural light, soft ambient lighting, adjustable lighting) _____

Are there any specific materials or finishes you prefer? (e.g., natural materials, eco-friendly, durable surfaces) YES NO

Are there any materials or colors you want to avoid? YES NO

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HEALTH AND SAFETY CONSIDERATIONS

Are there any health and safety guidelines that need to be followed? (e.g., non-toxic materials, easy-to-clean surfaces) YES NO

How will the space be maintained to ensure cleanliness and hygiene? _____

BUDGET & TIMELINE

What is the budget for the wellness center design project? _____

Are there any funding considerations, constraints or requirements? YES NO

What is the desired timeline for project completion? _____

ADDITIONAL INFORMATION

Are there any existing elements or furniture in the space that need to be incorporated into the design? YES NO

Do you have any inspiration or reference images? (Please provide) YES NO

Is there anything else that is important to you for this project?

An AutoCAD drawing (.dwg) of your existing or proposed wellness space will expedite design deliverables. While an electronic CAD file is ideal, a sketch is acceptable but should include the following in order to avoid delays:

- All wall, door and window locations
- Ceiling height, columns and other interior architecture elements
- Dimensions and locations for walls, casework, doors and windows

For windows: include height above floor for windows

For doors: include door swings

- Any conditions that may affect furniture placement (e.g. electrical and data outlets, light switches, thermostats, fire alarms/fire extinguisher cabinets)
- Any special conditions or traffic pattern requirements that wouldn't be obvious from the floorplan