

FOCUSED COMMUNITY AUDIT TOOL



Date of Audit: _____

Name of Audited Place: _____

Location: _____

Website / Facebook: _____

Phone: _____

Accessibility: YES NO

Welcoming? _____

What do they do? _____

Meeting Times: _____

How often do they meet? _____

Attendance Numbers: _____

Cost: \$ _____

Dress Code: _____

Gender Demographic: _____

Skills Required: _____

Cultures (social, formal, serious, etc.) _____

Membership Turnover: _____

Access to Transport: _____

Additional Information: _____

Perceived Valued Roles:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____