

Room: _____

Roommate Foundational Expectations

Name: _____

		Roommate A1	Roommate A2	Roommate B1	Roommate B2
Sleep	When do you tend to go to bed?	AM/PM	AM/PM	AM/PM	AM/PM
	When do you tend to wake up?	AM/PM	AM/PM	AM/PM	AM/PM
	What most frequently will impact your daily schedule? Anything different on weekends?	<input type="checkbox"/> Class <input type="checkbox"/> Athletics <input type="checkbox"/> Work <input type="checkbox"/> Study time <input type="checkbox"/> Family <input type="checkbox"/> _____	<input type="checkbox"/> Class <input type="checkbox"/> Athletics <input type="checkbox"/> Work <input type="checkbox"/> Study time <input type="checkbox"/> Family <input type="checkbox"/> _____	<input type="checkbox"/> Class <input type="checkbox"/> Athletics <input type="checkbox"/> Work <input type="checkbox"/> Study time <input type="checkbox"/> Family <input type="checkbox"/> _____	<input type="checkbox"/> Class <input type="checkbox"/> Athletics <input type="checkbox"/> Work <input type="checkbox"/> Study time <input type="checkbox"/> Family <input type="checkbox"/> _____
	Is there anything effecting your getting ready time (ie. blow dryer; music while showering)? Is that usually AM or PM?				
	I need these things for positive sleep conditions:	<input type="checkbox"/> Fans <input type="checkbox"/> Noise Machine <input type="checkbox"/> Lights On <input type="checkbox"/> Music <input type="checkbox"/> Silence <input type="checkbox"/> _____	<input type="checkbox"/> Fans <input type="checkbox"/> Noise Machine <input type="checkbox"/> Lights On <input type="checkbox"/> Music <input type="checkbox"/> Silence <input type="checkbox"/> _____	<input type="checkbox"/> Fans <input type="checkbox"/> Noise Machine <input type="checkbox"/> Lights On <input type="checkbox"/> Music <input type="checkbox"/> Silence <input type="checkbox"/> _____	<input type="checkbox"/> Fans <input type="checkbox"/> Noise Machine <input type="checkbox"/> Lights On <input type="checkbox"/> Music <input type="checkbox"/> Silence <input type="checkbox"/> _____
Study	I study best with these conditions	<input type="checkbox"/> Music <input type="checkbox"/> Silence <input type="checkbox"/> Usually study elsewhere <input type="checkbox"/> Other: _____	<input type="checkbox"/> Music <input type="checkbox"/> Silence <input type="checkbox"/> Usually study elsewhere <input type="checkbox"/> Other: _____	<input type="checkbox"/> Music <input type="checkbox"/> Silence <input type="checkbox"/> Usually study elsewhere <input type="checkbox"/> Other: _____	<input type="checkbox"/> Music <input type="checkbox"/> Silence <input type="checkbox"/> Usually study elsewhere <input type="checkbox"/> Other: _____
Guests	Overnight Visitors are not permitted. Visitors during the day must be signed in at Front Desk. How will you communicate with each other about having guests over? What expectations do you have for use of community space? How will you communicate if you think it is time for guests to leave?	<input type="checkbox"/> __day in advance <input type="checkbox"/> As happening <input type="checkbox"/> _____	<input type="checkbox"/> __day in advance <input type="checkbox"/> As happening <input type="checkbox"/> _____	<input type="checkbox"/> __day in advance <input type="checkbox"/> As happening <input type="checkbox"/> _____	<input type="checkbox"/> __day in advance <input type="checkbox"/> As happening <input type="checkbox"/> _____
Conflict	How do you plan to address policy violations that are occuring within your space (including but not limited to: alcohol, drugs, noise, guests, fire safety, etc.)	<input type="checkbox"/> Directly with roommate <input type="checkbox"/> Call Housing Staff <input type="checkbox"/> Call Campus Safety <input type="checkbox"/> _____	<input type="checkbox"/> Directly with roommate <input type="checkbox"/> Call Housing Staff <input type="checkbox"/> Call Campus Safety <input type="checkbox"/> _____	<input type="checkbox"/> Directly with roommate <input type="checkbox"/> Call Housing Staff <input type="checkbox"/> Call Campus Safety <input type="checkbox"/> _____	<input type="checkbox"/> Directly with roommate <input type="checkbox"/> Call Housing Staff <input type="checkbox"/> Call Campus Safety <input type="checkbox"/> _____
Comm- unication	How do you prefer to be communicated with regarding conflict: CIRCLE ONE	In person, phone call, or by text message	In person, phone call, or by text message	In person, phone call, or by text message	In person, phone call, or by text message
Other	Are there any smell sensitivities or lingering strong smells that are good to be aware of?	<input type="checkbox"/> Plug-in Air fresh <input type="checkbox"/> Cooking <input type="checkbox"/> Perfume <input type="checkbox"/> Other: _____	<input type="checkbox"/> Plug-in Air fresh <input type="checkbox"/> Cooking <input type="checkbox"/> Perfume <input type="checkbox"/> Other: _____	<input type="checkbox"/> Plug-in Air fresh <input type="checkbox"/> Cooking <input type="checkbox"/> Perfume <input type="checkbox"/> Other: _____	<input type="checkbox"/> Plug-in Air fresh <input type="checkbox"/> Cooking <input type="checkbox"/> Perfume <input type="checkbox"/> Other: _____

SHAREABLES

<p>Some suites have more community space or shared bathroom space than others, answer these question as applicable to your suite. Same responses apply to any visitors, unless noted other wise by a * in comments. CIRCLE ONE HERE: Yes No Ask First</p>		Roommate A1	Roommate A2	Roommate B1	Roommate B2
	<i>Name:</i>				
	Music equipment	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Television	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Computer	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Athletic equipment	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Books and School Supplies	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Coffee Maker	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Cooking utensils	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Groceries	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Snacks or Condiments (granola bars, ketchup, etc)	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Beverges (bottled water, soda)	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Body Wash & Shampoo	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Dishes & Dishwashing Soap	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Clothing	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Blanket & Pillows	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Towels	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Sitting on the others bed	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First
	Other _____	Yes No Ask First	Yes No Ask First	Yes No Ask First	Yes No Ask First

CLEANING & HYGIENE

<p>Roommate Signatures</p> <p>A1: _____ Date _____</p> <p>A2: _____ Date _____</p> <p>B1: _____ Date _____</p> <p>B2: _____ Date _____</p>	What does livable space look like to you?				
	What does clean look like to you?				
	How often do you want to clean the space: CIRCLE ONE	Daily Weekly Monthly	Daily Weekly Monthly	Daily Weekly Monthly	Daily Weekly Monthly
	Are there any parts of your hygiene routine that may impact others (frequency or timing of shower usage, etc.)				
	CLEANING PLAN - ACTION ITEMS				
		How Often			Who
	Take out Trash/Recyle in Shared Space	Daily	Weekly	Monthly	A1 A2 B1 B2 All Other _____
	Sweep and Vaccum in Shared Space	Daily	Weekly	Monthly	A1 A2 B1 B2 All Other _____
	Clean Toilet	Daily	Weekly	Monthly	A1 A2 B1 B2 All Other _____
	Clean Shower	Daily	Weekly	Monthly	A1 A2 B1 B2 All Other _____
Clean Sink Vanity	Daily	Weekly	Monthly	A1 A2 B1 B2 All Other _____	
Sweep or Mop Bathroom Floor	Daily	Weekly	Monthly	A1 A2 B1 B2 All Other _____	
Empty Trash in Bathroom	Daily	Weekly	Monthly	A1 A2 B1 B2 All Other _____	