

# Evening Duty Checklist

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## Basic Information

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Date:

Boarding House:

Duty Tutor:

Supporting Staff (if applicable):

# Pre-Dinner Checks

☐ Confirm all students have returned from school/activities

☐ Record any absent students and their whereabouts

## Absent Student Notes:

☐ Conduct quick house inspection for safety/cleanliness

☐ Check on student wellbeing (any visible concerns)

## Wellbeing Notes:

# Dinner Supervision

☐ Escort students to dining hall (if applicable)

☐ Supervise students during dinner

☐ Ensure dietary requirements are met

☐ Monitor behavior and social interactions

☐ Supervise dismissal from dining hall

**Dinner Notes:**

## Study/Homework Time

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☐ Ensure study areas are prepared and suitable

☐ Take attendance at start of study time

☐ Provide active supervision throughout study time

☐ Provide academic support where needed

☐ Maintain quiet, focused study environment

☐ Conclude study time appropriately

### Study Time Notes:

# Evening Recreation/Free Time

- ☐ Supervise recreation areas and activities
- ☐ Monitor student whereabouts within permitted areas
- ☐ Facilitate any planned evening activities
- ☐ Encourage positive social interaction

**Recreation Notes:**

# Bedtime Routine

- ☐ Give bedtime warning (30 minutes before)
- ☐ Collect electronics (if applicable)
- ☐ Take final attendance/roll call
- ☐ Conduct room checks
- ☐ Enforce lights out
- ☐ Ensure quiet throughout the house

Bedtime Notes:

# Final Security Checks

☐ Check all external doors and windows are secure

☐ Check common areas are tidy and secure

☐ Turn off unnecessary lights

☐ Check kitchen appliances are turned off

☐ Set alarm system (if applicable)

**Security Notes:**

# Handover and Reporting

- ☐ Handover to night staff (if applicable)
- ☐ Complete any necessary incident reports
- ☐ Update communication log
- ☐ Note any important information for next day

## Handover Notes:

## Emergency Contacts

- Head of Boarding: [Insert Name and Number]
- Houseparent/House Master: [Insert Name and Number]
- School Nurse: [Insert Name and Number]
- Emergency Services: 911 or [Local Emergency Number]



# Completion

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Checklist Completed By:

Time Completed:

Signature:

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