

**GREAT EXPECTATIONS
SCHOOL VISIT FEEDBACK
SCHOOL YEAR _____**

DIRECTIONS: The School Visit Feedback form must be completed by the visiting school and faxed

Model School _____ Progressive School

(within 24 hours of visit) to the GE Director. Fax #: 918-458-2338)

Name of School Visited _____ Date of Visit _____

School Address _____ Name of Principal _____

Did the principal provide a designated area to welcome guests and offer background information concerning the school's involvement with GE? Yes _____ No

Please explain:

Were visitors escorted to classrooms by the principal or an assigned person who remained in attendance throughout the visit? Yes _____ No

Please explain:

Was the school climate representative of GE? Yes _____ No

Please explain:

Did visitors witness the implementation of Great Expectations classroom practices in every classroom visited? Yes _____ No

Please explain:

Was there evidence that teachers held high expectations for all students as demonstrated in the level of curriculum being taught? Yes _____ No

Please explain:

Were visitors encouraged to pose questions to the students and teachers before they vacated each classroom? Yes _____ No

Please explain:

Did a debriefing session occur prior to leaving the school? Yes _____ No

Please explain:

Additional comments may be written on the back of form.

Signature/Position of Person Who Completed Form _____ School/District _____