**SCHOOL DISTRICT/LEA**

**SCHOOL**

**REVIEWER**

**DATE**

**SCHOOL-LEVEL QUESTIONS – STUDENT INTERVIEWS**

**(TRANSFORMATION MODEL SPECIFIC QUESTIONS)**

1. Implementation
2. What are the three best things about your school?
3. Are there any things you don't like about your school? If so, what are they? Why?
4. What was your school like last year? What is your school like this year? How does that compare to what the school is like this year?
5. Do your teachers have high expectations for you? How do you know?
6. Do find your classes interesting and engaging? Give examples of how or how not.
7. Do you feel safe at school? Why or why not?