

**Transportation Visit School Visited** \_\_\_\_\_

**Date** \_\_\_\_\_ **AM/PM Reminder:** Please check in at the office at each building

	<b>7:45/3:15</b>	<b>8:00/3:30</b>	<b>8:15/3:45</b>	<b>8:30/4:00</b>	<b>4:15</b>
<b>What do you see children doing?</b>					
<b>What are the adults doing?</b>					
<b>What kinds of student interactions do you observe?</b>					
<b>What does the environment feel like?</b>					