

INSTRUCTIONS: Take this form with you to your school visit, ask questions, and take notes.

Your Middle School Visit Checklist

School Name: _____

Phone: _____

Address: _____

School Size: _____

My contact at this school: _____

This school has the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Before-school care | <input type="checkbox"/> Library | <input type="checkbox"/> Garden |
| <input type="checkbox"/> After-school care | <input type="checkbox"/> Computer lab | <input type="checkbox"/> Parent Teacher Association |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Second language classes | <input type="checkbox"/> Clean facilities |
| <input type="checkbox"/> Hot lunch | <input type="checkbox"/> Special education services | <input type="checkbox"/> Safe & secure campus |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gifted services | <input type="checkbox"/> Safe neighborhood |
| <input type="checkbox"/> Gym | <input type="checkbox"/> School work posted on walls | <input type="checkbox"/> Anti-bullying program |
| <input type="checkbox"/> Playing field/outdoor space | <input type="checkbox"/> Art/Dance | <input type="checkbox"/> Wheelchair accessibility |
| <input type="checkbox"/> School newspaper | <input type="checkbox"/> Honor's track program | <input type="checkbox"/> High school counseling |

Questions

Notes

Did teachers and students seem interested in their work?

Are the classrooms welcoming and organized?

How does the school track students academically?

Are there electives, sports, and clubs my child would like?

Additional Questions/Comments

If you were rate this school on a scale from 1 to 10, 10 being your perfect school, what would it be?

1 2 3 4 5 6 7 8 9 10