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## Student Voice\_Student Voice

Status: New

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Observer List	Davis; Julie (JD)
Faculty/Subject/Staff	Faculty: English Subject: English Staff: ---

## Student Voice

*During the questions please make a note if the student hesitates (or looks worried) before answering*

Student Name \_\_\_\_\_

**Do You Feel Safe**

Outcome:

Comments:

**Don't Go**

*Is there anywhere in school that you don't go?*

Outcome:

Comments:

### Example Feedback

*Show me some examples of how your teacher gives you feedback about your work.*

Outcome:

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Comments:

### Homework Regularly

*Show me some homework you have completed recently. Do you get it regularly?*

Outcome:

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Comments:

### Lesson Activities

*Is there a variety of lesson activities?*

Outcome:

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Comments:

**Proud work**

*Do you take pride in your work? (show examples)*

Outcome:

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Comments:

**Teacher Challenge**

*Do you feel challenged during lessons?*

Outcome:

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Comments:

**Threshold Estimate / Grade**

*Do you know your threshold estimate/ grade and how you are currently performing?*

Outcome:

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Comments:

## Criteria Appendix

### **| Do You Feel Safe**

Yes - Yes  
No - No

### **| Don't Go**

Yes - Yes  
No - No

### **| Example Feedback**

Yes - Yes  
No - No

### **| Homework Regularly**

Yes - Yes  
No - No

### **| Lesson Activities**

Yes - Yes  
No - No

### **| Proud work**

Yes - Yes  
No - No

### **| Teacher Challenge**

Yes - Yes  
No - No

### **| Threshold Estimate / Grade**

Yes - Yes  
No - No