Student's Name	Date
STEP ~ ESU #15 Alte	ernative Education Program ~ <u>Parent/Guardian Questionnaire</u>
This Form is for ESU #15 Alternative Education Program – <u>to be filled out by the parent/guardian of</u> <u>the prospective student</u> .	
1. Why do you want your cl	hild placed in the STEP program?
2. What is your expectation	n for your child in this school?
3. Parent/student/staff mee you willing to attend the	etings are required on a quarterly basis for continued attendance. Are se meetings? Yes No
4. When is the best time to	reach you or to arrange meetings to discuss your child?
5. Are there any particular involved?	areas or activities in our program that you would like to become
PARENT/GUARDIAN Signature	Date
Please include any other inform	nation that is relevant to this referral: