

Student's Name _____ Date _____

STEP ~ ESU #15 Alternative Education Program ~ Student Questionnaire

This Form is for ESU #15 Alternative Education Program – *to be filled out by the prospective student.*

Date of birth _____ Sex _____ Social Security # _____

Address _____ Phone #'s _____

City State Zip _____

Student place of work _____ Hours/Days worked _____

1. How can the STEP program meet your educational needs?

2. Have you had difficulty with school attendance? Yes No

If yes, why

3. When do you expect to graduate? _____

4. What are your plans after you graduate?

5. Do you prefer to work:

By yourself

In a small group

In a large group

6. Which subjects do you prefer or excel in?

7. Which subjects do you need extra help in?

8. Are you on probation? Yes No

9. Are you involved with Health & Human Services? Yes No

If yes, Caseworker _____

10. Are you pregnant or an expectant father? Yes No

11. Do you have children? Yes No If yes, names & ages _____

12. Do you have a driver's license? Yes No

13. What outside influences might interfere with your academic success?

STUDENT Signature _____ Date _____

Please include any other information that is relevant to this referral: