School District 145 – LIFE Program
PARENT/GUARDIAN QUESTIONNAIRE

Student Name: _____ Date: _____

Parent Name: _____ Parent Signature: _____

1. Why do you want your child placed in the LIFE Program?

2. What are the expectations that you have for your child in this school?

3. Are you able to provide transportation for your child if needed?

4. What are the best times for us to contact you and what are the best times for meetings?

5. Are there any additional circumstances that may influence or impact your child's ability to function in this educational program?