# Questionnaire

### To be completed as a part of the Application for the program

Your response to this brief questionnaire allows us to see what goals and vision you and your child have for this project. We will not be rating or grading responses. Commitment to learning will be the ultimate deciding factor. Please complete and submit your responses to the CFL office by Monday, March 9th, 2020 or you may email a copy of this form to cfl@psd70.ab.ca

## For student

### Explain why you feel THIS learning experience will be a better fit for your grade 10 year.

Possible discussion points could include:

- Your future career plans.		

- Your learning style or interests as a learner.


## For Parent(s)/Guardian(s)

Please describe what you hope your child will gain from this learning experience. **Contact Information** Student Name (please print first AND last name): Student Current School:  $I'veread\,through\,the information\,package\,and\,agree\,to\,support\,my\,child\,in\,the\,Building\,Futures\,Program.$ 

Parent Name

Parent Signature \_\_\_\_\_ Date: