



Request for Information – High School Teacher

Thank you for taking the time to fill out this brief form. This young person has an appointment to address their developmental / emotional / behavioural / psychological issues from a health care perspective.
The parents have given permission for this form to be completed.

Child's Name _____

Teacher's Name _____

Your position at the school _____

How long have you known this child? _____

Today's date _____

School _____

Street Address _____

Suburb / Post Code _____

Phone _____

School Principal / Director _____

School Guidance Officer _____

What is your role with this young person?

Where do you see his/her strengths / abilities / interests?



Thank you. If you have any queries concerning the completion of this information request, please contact us directly as cdn@cd.net.au or on (07) 3369 3369