

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 young person?	Today's Date
School Name	
Street Address	
Suburb / Post Code	
School Principal / Director	
School Guidance Officer	
Level 2, 19 Lang Pde, Milton, 4064	■ PO Box 1536, Milton 4064

Where do you se	e their streng	gths / abilitie	es / interest	ts?		
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What concerns Are there any ar	, it any, ao yo	ou nave tor may be at	r tnis youn Ne to assist	i g person? t the school?)	
are there arry ar	cas where we	illay be ac	716 to assist	tile scrioor:		
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Additional comments					
Please provide this young person's parents with copies of any assessment reports, or any other written information that may be of assistance.					

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

Thank you.