

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
Calcal Name	
School Name	
Street Address	
Suburb / Post Code	
School Principal / Director	
School Guidance Officer	
What is your role with this young person?	
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Level 2, 19 Lang Pde, Milton, 4064

PO Box 1536, Milton 4064







Where do you see their strengths / abilities / interests?	
What concerns, if any, do you have for this young person? Are there any areas where we may be able to assist the school?	

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.