



## High School Teacher Information

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**Thank you** for taking the time to fill out this brief form.  
We appreciate that your time is valuable.

This young person has a medical appointment to address their developmental / emotional / behavioural / psychological needs.  
Their parents have given permission for this to be completed.

Child's name

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School

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Your name

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Date completed

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Your role/position, and how long you have worked with this young person:

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What do you see as their strengths / interests / abilities?

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Overall, how concerned or worried are you about them at the moment?

Not at all

A little

Moderately

Very

[ ]

[ ]

[ ]

[ ]

