

## Teacher Questionnaire High School Student

Student's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Principal: \_\_\_\_\_ Guidance Officer: \_\_\_\_\_

Person completing this form: Name / Role / Date

\_\_\_\_\_

What are the student's strengths, interests, abilities?

What are your concerns, if any, for this young person?

Are there any areas we might be able to assist the school?

Additional comments?

Please provide the parents with copies of assessments reports or other reports that might be of assistance.