

Student Recommendation Form

Last Name: _____ First Name: _____ Grade: _____

Please check (✓) all areas of concern for this student and provide as much information as possible to assist in determining eligibility for CIS services. If the student receives appropriate consent and is eligible for CIS services, CIS staff will contact you and develop a service plan and coordinate appropriate services for the student. The student may be served at school or referred to an outside agency for services.

- Academics: _____
- Attendance : _____
- Behavior: _____
- Social Service Needs: _____
- Other: _____

My relationship to this student is:	<input type="checkbox"/> CIS Staff	<input type="checkbox"/> Self Referral	<input type="checkbox"/> Teacher	
<input type="checkbox"/> Parent	<input type="checkbox"/> Principal	<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Peer	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> Texas Youth Hotline	<input type="checkbox"/> Other: _____

The best time to reach me is: Morning Afternoon Evening Convenient time: _____
Contact number: (_____) _____

Comments:

Signature: _____ Date: _____
(Signature must be in ink)

Please return this form to the CIS office. Thank you.

CIS Use Only

Verbal recommendation taken from: _____
Relationship: _____ Date _____

Follow-up Note: _____

CIS Staff Signature: _____ Date: _____
(Signature must be in ink)