



Student Recommendation Form

Campus: _____

Student ID: _____

Student 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:
- 01-CIS Staff
 - 03-Self Referral
 - 07-Peer
 - 09-Parent
 - 12-School Counselor
 - 14-Teacher
 - 16-Assistant Principal
 - 18-Principal
 - 21-School Nurse
 - 23-Juvenile Court
 - 29-Texas Youth Hotline
 - 31-Law Enforcement
 - 32-Other: _____

The best time to reach me is: Morning Afternoon Evening Convenient time: _____

Contact number: (____) _____

Comments:

Signature: _____
(Signature must be in ink)

Date: _____

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: _____
(Signature must be in ink)

Date: _____