



Student Recommendation Form 2024-2025

Campus Name and Code: _FOREST BROOK MS

Student ID: _____

Student First Name: _____ Last 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 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: _____

My relationship to this student is (select only one):

☐ 07-Peer

☐ 09-Parent

☐ 01-CIS Staff

☐ 12-School Counselor

☐ 03-Self Recommendation

☐ 14-Teacher

☐ 16-Assistant Principal

☐ 18-Principal

☐ 21-School Nurse

☐ 23-Juvenile Court

☐ 29-Texas Youth Hotline

☐ 31-Law Enforcement

☐ 32-Other: _____

Provide Contact Phone Number: _____

Provide Contact Email: _____ ☐

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

CIS Use Only

Verbal recommendation taken from (NAME): _____

Date _____ CIS Staff Initials _____

Date Attempted:	Y/N	Date Attempted:	Y/N	Date Attempted:	Y/N
<input type="checkbox"/> Called Parent		<input type="checkbox"/> Called Parent		<input type="checkbox"/> Called Parent	
<input type="checkbox"/> Emailed Parent		<input type="checkbox"/> Emailed Parent		<input type="checkbox"/> Emailed Parent	
<input type="checkbox"/> Schoology/Stud. Email		<input type="checkbox"/> Schoology/Stud. Email		<input type="checkbox"/> Schoology/Stud. Email	

Follow-up Note: Date met with Student: ___/___/___ Date consent given to student/parent: ___/___/___

CIS services needed: yes / no

Student interested in services: yes / no

CIS Staff Signature: _____ Staff Code: **11221** Date: _____