

**CIS STUDENT RECOMMENDATION FORM**  
School Year 2019-2020

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please mark all areas of concern for this student and provide as much information as possible to assist in planning services. The student may be served by CIS at school or referred to an outside agency for services.

- Academics: \_\_\_\_\_
- Attendance: \_\_\_\_\_
- Behavior: \_\_\_\_\_
- Social Service Needs: \_\_\_\_\_

Comments:

- My relationship to this student is:
- |                                 |                                       |  |  |  |
|---------------------------------|---------------------------------------|--|--|--|
| <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: _____    |

Recommendation Source Name (printed): \_\_\_\_\_

Contact number: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature must be in ink)

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

**CIS Use Only**

Verbal / email recommendation taken from: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CIS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature must be in ink)