



### Student Recommendation Form 2019-2020

Campus Name and Code: \_\_\_\_\_ 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):**
- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 07-Peer                | <input type="checkbox"/> 09-Parent          | <input type="checkbox"/> 12-School Counselor | <input type="checkbox"/> 14-Teacher        |
| <input type="checkbox"/> 16-Dean/Specialist     | <input type="checkbox"/> 18-Principal       | <input type="checkbox"/> 21-School Nurse     | <input type="checkbox"/> 23-Juvenile Court |
| <input type="checkbox"/> 29-Texas Youth Hotline | <input type="checkbox"/> 31-Law Enforcement | <input type="checkbox"/> 32-Other: _____     |  |

Provide Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature must be in ink)

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

#### CIS Use Only

Verbal recommendation taken from (NAME): \_\_\_\_\_  
Date \_\_\_\_\_ CIS Staff Initials \_\_\_\_\_

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