

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: (include areas for growth as well as strengths)

- 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): _____

 Signature: _____ Date: _____

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)