

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:

CIS Staff

Self-Referral

Teacher

Parent

Principal

Assistant Principal

School Counselor

Law Enforcement

Peer


School Nurse

Juvenile Court

Texas Youth Hotline

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)