**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. [ ]  **Academics**: [ ]  **Attendance**: [ ]  **Behavior**: [ ]  **Social Service Needs**:  |
| **Comments**:  |
| **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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The best time to reach me is:[ ] Morning [ ] Afternoon [ ] Evening [ ] Convenient time:

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: