**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: