



Student Recommendation Form 2019-2020

Campus Name and Code: Stratford High School 920-006

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):**
- 01-CIS Staff
 - 03-Self Recommendation
 - 07-Peer
 - 09-Parent
 - 12-School Counselor
 - 14-Teacher
 - 16-Assistant Principal
 - 18-Principal
 - 21-School Nurse
 - 23-Juvenile Court
 - 29-Texas Youth Hotline
 - 31-Law Enforcement
 - 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: _____