



### Student Recommendation Form

Last Name: \_\_\_\_\_ First 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.

- Attendance: \_\_\_\_\_
- Academics: \_\_\_\_\_
- Behavior: \_\_\_\_\_
- Social Service Needs: \_\_\_\_\_
- Mentor Program: \_\_\_\_\_

- My relationship to this student is:
- |                                 |   |  |   |  |
|---------------------------------|---|--|---|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Principal      | <input type="checkbox"/> CIS Staff           | <input type="checkbox"/> Self Referral    | <input type="checkbox"/> Teacher         |
| <input type="checkbox"/> Peer   | <input type="checkbox"/> School Nurse   | <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Law Enforcement |
|                                 | <input type="checkbox"/> Juvenile Court | <input type="checkbox"/> Texas Youth Hotline | <input type="checkbox"/> Other:           |  |

I would like to talk to a CIS staff person about this student.

The best time to reach me is:  Morning  Afternoon  Evening, convenient time: \_\_\_\_\_

Contact number: (\_\_\_\_) \_\_\_\_\_

Comments:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be in ink)

**Please return this form to the CIS office. Thank you.**

#### CIS Use Only

Verbal recommendation taken from: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CIS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Parent Consent Form

I give permission for my son/daughter: \_\_\_\_\_ to participate in Communities In Schools (CIS) in the \_\_\_\_\_ school district for the \_\_\_\_\_ school year.

**I understand that my permission is being given so that:**

- ▶ My child can receive services provided or coordinated by Communities In Schools staff, service providers and/or volunteers. The services may include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, testing, referrals to other agencies and as needed. I have received information about the services by CIS.
- ▶ **I understand that the Texas Education Agency Release of Information form must be signed.** This form is required by the Texas Education Agency (TEA) so that CIS staff, service providers or volunteers can obtain confidential information, which may include information from the TEA, school records, financial information, public assistance status, test scores, medical information and questionnaires.
- ▶ I understand that the information collected on the CIS forms is maintained in a secure computer database and a case file. This information is used by CIS to document services provided to students and families to evaluate the CIS program. I also understand that CIS may use the information to verify CIS participants, update service information, and provide closure and follow-up information. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
- ▶ My child can participate in field trips and other activities sponsored by CIS. Private transportation may be used in these and other activities.
- ▶ Routine or emergency medical or dental treatment by any licensed medical doctor may be provided in the event of illness or accident if I am unable to be reached. Emergency contact phone number: (\_\_\_\_) \_\_\_\_\_
- ▶ CIS may use photograph or video picture(s) of my child for program purposes?  YES  NO

### Family Income

- \$0-\$14,999. 
  \$15,000-\$19,999. 
  \$20,000-\$29,999. 
  \$30,000-\$39,999. 
  \$40,000-\$49,999. 
  \$50,000-\$59,999. 
  \$60,000-\$69,999. 
  \$70,000-\$74,999. 
  \$75,000 or more

- ▶ Is your family receiving Temporary Assistance for Needy Families (TANF)?  YES  NO

If so please provide: TANF RECIPIENT #  TANF Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during his/her participation in the program.

My child and I understand that we are voluntarily participating in the Communities In Schools program.

Parent/Guardian Name (Please print): _____	
Address: _____	City: _____ Zip: _____
Telephone Numbers: (Home) _____	(Work) _____
Parent/Guardian Signature: _____	Date: _____
(Signature must be in ink)	

CIS Staff Signature: \_\_\_\_\_ Date PC Received: \_\_\_\_\_



## CIS Eligibility Criteria Checklist

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student is determined eligible for CIS services if at least one eligibility criteria below is met. All applicable criteria must be checked.

- Student did not meet eligibility
- CIS Local Eligibility Criteria

### **TEA At-Risk Criteria (Texas Education Code 29.081 (d) 1 thru 13 (g))**

**A student at risk of dropping out of school includes each student who is under 21 years of age, and who:**

- was not advanced from one grade level to the next for one or more school years;
- if the student is in grade 7, 8, 9, 10, 11 or 12, did not maintain an average equivalent to 70 on a scale of 100 in two or more subjects in the foundation curriculum (Section 28.002) during a semester in the preceding or current school year, or is not maintaining such an average in two or more subjects in the foundation curriculum in the current semester;
- did not perform satisfactorily on an assessment instrument administered to the student under Subchapter B, Chapter 39, and who has not in the previous or current school year subsequently performed on that instrument at a level equal to at least 110 percent of the level of satisfactory performance on that instrument;
- is a student in pre-kindergarten, kindergarten, or grade one, two or three who did not perform satisfactorily on a readiness test or assessment instrument administered during the current school year;
- is pregnant or is a parent;
- has been placed in an alternative education program in accordance with Section 37.006 during the preceding or current school year;
- has been expelled in accordance with Section 37.007 during the preceding or current school year;
- is currently on parole, probation, deferred prosecution, or other conditional release;
- was previously reported through the Public Education Information Management System (PEIMS) to have dropped out of school;
- is a student of Limited English Proficiency as defined by Section 29.052;
- is in the custody or care of the Department of Family and Protective Services or has, during the current school year, been referred to the department by a school official, officer of the juvenile court or law enforcement official;
- is homeless as defined by 42 U.S.C. Section 11302 and its subsequent amendments; or
- resided in the preceding school year or resides in the current school year in a residential placement facility in the district, including a detention facility, substance abuse treatment facility, emergency shelter, psychiatric hospital, halfway house, or foster group home.
- Student who satisfies local eligibility criteria adopted by the board of trustees of a school district by section TEC 29.081(g).

### **Additional Legislative Eligibility Criteria**

- A student who is eligible for a Free or Reduced Lunch; (Texas Education Code 33.151)
- A student who is in family conflict or crisis. (Texas Education Code 33.151)
- Temporary Assistance for Needy Families (TANF) recipient.

Comments: \_\_\_\_\_

\_\_\_\_\_

CIS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



CAMPUS: \_\_\_\_\_



### Participant Information

SSN/Alt ID #: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender:  M  F DOB: \_\_\_/\_\_\_/\_\_\_

Race/Ethnicity:  Native American  Asian /Pacific Islander  African American  Hispanic  White, not of Hispanic Origin Grade Level: \_\_\_\_\_

PC Received Date: \_\_\_/\_\_\_/\_\_\_  TEA Release Information Original Enrollment Year: \_\_\_\_\_  Photo/Media Use Permitted

#### Staff Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Living Situation

**Lives With (Check one):**

Both Biological/Adoptive Parents

Foster Parent

Grandparents

Legal Guardian

Living Independently

Non-Relative

Other Relatives

Parent/Step-Parent

Single Parent Father

Single Parent Mother

Step Parent(s)

#### Participant Information

**Primary Language:**

English  Spanish

Vietnamese  German

Other Languages  Not Reported

#### Funding Sources

TEA CIS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lives Where (Check one):**

Detention Facility

Emergency Shelter

Foster Home

Halfway House

Homeless

Immediate Family Home

Motel

Non-Relative Home

Other Relative's Home

Other Shelter

Psychiatric Hospital

Residential Placement

**Special Characteristics:**

None  AEP

ESL/LEP  Homeless

Hurricane Victim  Incarcerated Parent(s)

JJAEP  Migrant Family

Military Family  Physical Disability

Pregnant/Parenting  Special Education

#### Case Managed Classification

TEA/CIS CM

Local Funded CM

**Public Assistance:**

None  Food Stamps

Free/Reduced Lunch  Medicaid

Public Housing  CHIP

SSI  TANF Eligible

TANF Recipient  WIA Participant

WIC  Other

**Income:**

\$0-\$14,999.  \$15,000-\$19,999.  \$20,000-\$29,999.  \$30,000-\$39,999.  \$40,000-\$49,999.  \$50,000-\$59,999.

\$60,000-\$69,999.  \$70,000-\$74,999.  \$75,000 or more  NI

CAMPUS: \_\_\_\_\_



### Participant Information (Continued)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### Contact Information

Parent/Guardian Last Name: _____	First Name: _____
Address: _____	City: _____ State: TX Zip: _____ County _____
Email: _____	
Primary Phone: (____) _____	Secondary Phone: (____) _____

### Alternate Contact

Last Name: _____	First Name: _____
Alternate Address: _____	City: _____ State: _____
_____	Zip Code: _____
Email: _____	Relationship: _____
Primary Phone: (____) _____	Secondary Phone: (____) _____

### Emergency Contact

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

### Household

Total Number of Participants in Household \_\_\_\_\_

Last Name	First Name	DOB	School	Employer	Relationship	Grade Level

Comments: \_\_\_\_\_







CAMPUS: \_\_\_\_\_

## Assessment/Re-Assessment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSN/Alt: \_\_\_\_\_

### Intake

<p style="text-align: center;"><u>Recommendation Source:</u></p> <p> <input type="radio"/> CIS Staff    <input type="radio"/> Self Referral    <input type="radio"/> Teacher    <input type="radio"/> Principal    <input type="radio"/> Parent  <input type="radio"/> Assistant Principal    <input type="radio"/> School Counselor    <input type="radio"/> Law Enforcement    <input type="radio"/> Peer  <input type="radio"/> School Nurse    <input type="radio"/> Juvenile Court    <input type="radio"/> Texas Youth Hotline    <input type="radio"/> Other         </p>	<p style="text-align: center;"><u>Recommendation Reason:</u></p> <p> <input type="checkbox"/> Academics    <input type="checkbox"/> Attendance    <input type="checkbox"/> Behavior    <input type="checkbox"/> Social Service         </p>
<p style="text-align: center;"><u>Service Levels</u></p> <p> <input type="radio"/> Prevention    <input type="radio"/> Intervention         </p>	<p style="text-align: center;"><u>Crisis Student</u></p> <p> <input type="radio"/> Crisis         </p>
<p> <input type="radio"/> Assessment Date: _____    <input type="radio"/> Reassessment Date: _____         </p>	

### Academic Profile

<p> <input type="radio"/> Exempt    <input type="radio"/> NA/Not Taken            Reading    <input type="radio"/> Passed    <input type="radio"/> Failed    <input type="radio"/> Not Taken            Math    <input type="radio"/> Passed    <input type="radio"/> Failed    <input type="radio"/> Not Taken            Science    <input type="radio"/> Passed    <input type="radio"/> Failed    <input type="radio"/> Not Taken         </p>	<p style="text-align: center;"><u>TAKS:</u></p> <p style="text-align: right;">Last Date Taken: ____ / ____</p> <p>           Writing    <input type="radio"/> Passed    <input type="radio"/> Failed    <input type="radio"/> Not Taken            ELA    <input type="radio"/> Passed    <input type="radio"/> Failed    <input type="radio"/> Not Taken            S. S.    <input type="radio"/> Passed    <input type="radio"/> Failed    <input type="radio"/> Not Taken         </p>
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">GRADES</th> </tr> <tr> <th style="width: 70%;">Subject</th> <th style="width: 30%;">Grade</th> </tr> </thead> <tbody> <tr><td>English/LA</td><td></td></tr> <tr><td>Math</td><td></td></tr> <tr><td>Science</td><td></td></tr> <tr><td>Social Studies</td><td></td></tr> <tr><td>Other _____</td><td></td></tr> </tbody> </table>	GRADES		Subject	Grade	English/LA		Math		Science		Social Studies		Other _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Attendance</th> </tr> <tr> <th style="width: 80%;"></th> <th style="width: 20%;">Total</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">Unexcused Absences</td><td></td></tr> <tr><td style="text-align: center;">Unexcused Tardies</td><td></td></tr> </tbody> </table>	Attendance			Total	Unexcused Absences		Unexcused Tardies		<p style="text-align: center;"><u>Post Secondary Goal</u></p> <p> <input type="radio"/> Unsure    <input type="radio"/> 2 year college    <input type="radio"/> 4 year college/University  <input type="radio"/> Trade Technical School    <input type="radio"/> Military    <input type="radio"/> Employment  <input type="radio"/> Not Applicable         </p> <p style="text-align: center;"><u>Eligible To Graduate</u></p> <p>           Is Eligible    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> NA            Grade Level _____         </p>
GRADES																								
Subject	Grade																							
English/LA																								
Math																								
Science																								
Social Studies																								
Other _____																								
Attendance																								
	Total																							
Unexcused Absences																								
Unexcused Tardies																								

### Academic Issues

<input type="checkbox"/> Not Applicable	AI	TI	TBO	Notes
▶ Classroom Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Homework Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Language (ESL/LEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ TAKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_

### Attendance Issues

<input type="checkbox"/> Not Applicable	AI	TI	TBO	Notes
▶ Absences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Tardies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_



CAMPUS: \_\_\_\_\_

## Assessment/Reassessment (Continued)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSN#/Alt: \_\_\_\_\_

### Behavior Issues

<input type="checkbox"/> Not Applicable	AI	TI	TBO	Notes
▶ Classroom Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Delinquent Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Emotional Crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Family Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Suspected Gang Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Suspected Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_

### Social Service Issues

<input type="checkbox"/> Not Applicable	AI	TI	TBO	Notes
▶ Basic Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Career/Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ College Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Grief/Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Life Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_

### Service Plan

Service Plan		Notes
Supportive Guidance	<input type="checkbox"/>	
Health and Human Services	<input type="checkbox"/>	
Parental and Family Involvement	<input type="checkbox"/>	
Career Awareness/Employment	<input type="checkbox"/>	
Enrichment	<input type="checkbox"/>	
Educational Enhancement	<input type="checkbox"/>	
College Readiness	<input type="checkbox"/>	
Mentor to be Assigned	<input type="checkbox"/>	

Student Goals: \_\_\_\_\_

### Status

<input type="radio"/> Active	<input type="radio"/> Follow-up	<input type="radio"/> Inactive	<input type="radio"/> Within Program Transfer	<input type="radio"/> Exit Reason: _____	Date: _____
				Code	





CAMPUS: \_\_\_\_\_

### Progress Report

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSN#/Alt: \_\_\_\_\_

1=Significantly Worse    2= Somewhat Worse    3= No Change    4=Somewhat Better    5=Significantly Better

Academic Issues	TI	Progress	Goal Met
▶ Academic Support	<input type="checkbox"/>		
▶ Classroom Participation	<input type="checkbox"/>		
▶ Grades	<input type="checkbox"/>		
▶ Homework Completion	<input type="checkbox"/>		
▶ Language (ESL/LEP)	<input type="checkbox"/>		
▶ TAKS	<input type="checkbox"/>		

Grades	Comments
English	
Math	
Science	
Social Studies	
Other	

Attendance Issues	TI	Progress	Goal Met
▶ Absences	<input type="checkbox"/>		
▶ Tardies	<input type="checkbox"/>		

	Total	Comments
Unexcused Absences		
Unexcused Tardies		

Behavior Issues	TI	Progress	Goal Met	Comments
▶ Classroom Conduct	<input type="checkbox"/>			
▶ Delinquent Conduct	<input type="checkbox"/>			
▶ Emotional Crisis	<input type="checkbox"/>			
▶ Family Conflict	<input type="checkbox"/>			
▶ Mental Health	<input type="checkbox"/>			
▶ Self Esteem	<input type="checkbox"/>			
▶ Social Skills	<input type="checkbox"/>			
▶ Suspected Gang Involvement	<input type="checkbox"/>			
▶ Suspected Substance Abuse	<input type="checkbox"/>			
▶ Violence	<input type="checkbox"/>			

Social Service Issues	TI	Progress	Goal Met	Comments
▶ Basic Need	<input type="checkbox"/>			
▶ Career/Employment	<input type="checkbox"/>			
▶ College Readiness	<input type="checkbox"/>			
▶ Day Care	<input type="checkbox"/>			
▶ Grief/Death	<input type="checkbox"/>			
▶ Health	<input type="checkbox"/>			
▶ Housing	<input type="checkbox"/>			
▶ Life Skills	<input type="checkbox"/>			

**Comments:**

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Grading Period					
Progress Type					

SW =Six-Weeks    NW =Nine Weeks    FSW=Final Six Weeks    FNW =Final Nine Weeks

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_





CAMPUS: \_\_\_\_\_

**Closeout**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSN#/Alt: \_\_\_\_\_

Exit Reason: \_\_\_\_\_

Exit Date: \_\_\_\_\_

TAKS Results			
<input type="checkbox"/> Not Applicable/Not Taken		Last Date Taken: ____/____/____	
<input type="checkbox"/> Exempt			
TAKS	Pass/Fail/Not Taken		
Reading	<input type="radio"/> Passed	<input type="radio"/> Failed	<input type="radio"/> Not Taken
Math	<input type="radio"/> Passed	<input type="radio"/> Failed	<input type="radio"/> Not Taken
Science	<input type="radio"/> Passed	<input type="radio"/> Failed	<input type="radio"/> Not Taken
Writing	<input type="radio"/> Passed	<input type="radio"/> Failed	<input type="radio"/> Not Taken
ELA	<input type="radio"/> Passed	<input type="radio"/> Failed	<input type="radio"/> Not Taken
S.S.	<input type="radio"/> Passed	<input type="radio"/> Failed	<input type="radio"/> Not Taken

CIS Student Status	
<input type="radio"/>	Failed TAKS (Senior Only)
<input type="radio"/>	Enrolled in school within Texas
<input type="radio"/>	Promoted to the next grade
<input type="radio"/>	Graduated
<input type="radio"/>	Student Completed GED Certification
<input type="radio"/>	Student retained
<input type="radio"/>	Student left school (If checked, answer leaver question)

Leaver Reasons		
Did the student leave school for any of the following reasons?		
Check one	Or	Check all that apply
<input type="radio"/> Administrative withdrawal	<input type="checkbox"/>	Failed exit TAAS or TAKS met graduation requirements
<input type="radio"/> College, pursue degree	<input type="checkbox"/>	Alternative Program, working toward diploma or certificate
<input type="radio"/> Deceased	<input type="checkbox"/>	Missing youth/runaway
<input type="radio"/> Enrolled in school outside Texas	<input type="checkbox"/>	Withdrawn/over age
<input type="radio"/> Enrolled in Texas private school	<input type="checkbox"/>	Withdrawn/Delinquent Acts
<input type="radio"/> Expelled, cannot return	<input type="checkbox"/>	Pregnancy
<input type="radio"/> Graduated	<input type="checkbox"/>	Marriage
<input type="radio"/> Graduated outside Texas, returned and left again	<input type="checkbox"/>	Alcohol or other drug abuse problem
<input type="radio"/> Home schooling	<input type="checkbox"/>	Homeless or non-permanent resident
<input type="radio"/> Received GED outside of Texas	<input type="checkbox"/>	Student expelled, can return and has not
<input type="radio"/> Removed by Child Protective Services	<input type="checkbox"/>	Academic performance
<input type="radio"/> Returned to home country	<input type="checkbox"/>	Student did not complete GED Certification
	<input type="checkbox"/>	Illness
	<input type="checkbox"/>	Pursue job/job training
	<input type="checkbox"/>	Join the military

Other Information Needed			
<input type="radio"/> No immediate plans to enroll	<input type="radio"/> Enrolling in 2 year college	<input type="radio"/> Enrolling in 4 year college/university	
<input type="radio"/> Enrolling in Trade Technical School	<input type="radio"/> Joining the military	<input type="radio"/> Employment Opportunity	<input type="radio"/> Not Applicable
First generation post secondary student? <input type="radio"/> Yes <input type="radio"/> NO <input type="radio"/> NA			
Should student continue CIS services next year? <input type="radio"/> Yes <input type="radio"/> NO <input type="radio"/> NA			

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_



CAMPUS: \_\_\_\_\_



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSN#/Alt: \_\_\_\_\_

Academics		<input type="checkbox"/> Not Applicable
1= Significantly Worse 2= Somewhat Worse 3= No Change 4= Somewhat Better 5= Significantly Better		
Issues	TI	Outcomes
Academic Support	<input type="checkbox"/>	
Classroom Participation	<input type="checkbox"/>	
Grades	<input type="checkbox"/>	
Homework Completion	<input type="checkbox"/>	
Language (ESL/LEP)	<input type="checkbox"/>	
TAKS	<input type="checkbox"/>	

TAKS Results			
	<input type="checkbox"/> NA/NT	<input type="checkbox"/> Exempt	
Reading	<input type="radio"/> Pass	<input type="radio"/> Fail	<input type="radio"/> Not Taken
Math	<input type="radio"/> Pass	<input type="radio"/> Fail	<input type="radio"/> Not Taken
Science	<input type="radio"/> Pass	<input type="radio"/> Fail	<input type="radio"/> Not Taken
Writing	<input type="radio"/> Pass	<input type="radio"/> Fail	<input type="radio"/> Not Taken
ELA	<input type="radio"/> Pass	<input type="radio"/> Fail	<input type="radio"/> Not Taken
S.S.	<input type="radio"/> Pass	<input type="radio"/> Fail	<input type="radio"/> Not Taken

Attendance		<input type="checkbox"/> Not Applicable
1= Significantly Worse 2= Somewhat Worse 3= No Change 4= Somewhat Better 5= Significantly Better		
Issues	TI	Outcomes
Unexcused Absences	<input type="checkbox"/>	
Unexcused Tardiness	<input type="checkbox"/>	

CIS Student Status	
<input type="radio"/>	Failed TAKS (Senior Only)
<input type="radio"/>	Transferred within Texas
<input type="radio"/>	Promoted to the next grade
<input type="radio"/>	Left to pursue GED in Texas
<input type="radio"/>	Student Completed GED Certification
<input type="radio"/>	Student Retained
<input type="radio"/>	Student left school (If checked, answer leaver question)

Behavior		<input checked="" type="checkbox"/> Not Applicable
1= Significantly Worse 2= Somewhat Worse 3= No Change 4= Somewhat Better 5= Significantly Better		
Issues	TI	Outcomes
Classroom Conduct	<input type="checkbox"/>	
Delinquent Conduct	<input type="checkbox"/>	
Emotional Crisis	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	
Family Conflict	<input type="checkbox"/>	
Self Esteem	<input type="checkbox"/>	
Social Skills	<input type="checkbox"/>	
Suspected Gang Involvement	<input type="checkbox"/>	
Suspected Substance Abuse	<input type="checkbox"/>	
Violence	<input type="checkbox"/>	

Leaver Reasons			
Did the student leave school for any of the following reasons?			
Check one		Or	Check all that apply
<input type="radio"/>	Administrative withdrawal	<input type="checkbox"/>	Failed exit TAAS or TAKS met graduation requirements
<input type="radio"/>	College, Pursue Degree	<input type="checkbox"/>	Alternative Program, working toward diploma or certificate
<input type="radio"/>	Deceased	<input type="checkbox"/>	Missing Youth/Runaway
<input type="radio"/>	Enrolled in school outside Texas	<input type="checkbox"/>	Withdrawn/Over Age
<input type="radio"/>	Enrolled in Texas private school	<input type="checkbox"/>	Withdrawn/Delinquent Acts
<input type="radio"/>	Expelled, cannot return	<input type="checkbox"/>	Pregnancy
<input type="radio"/>	Graduated	<input type="checkbox"/>	Marriage
<input type="radio"/>	Graduated outside Texas, returned and left again	<input type="checkbox"/>	Alcohol or other drug abuse problem
<input type="radio"/>	Home Schooling	<input type="checkbox"/>	Homeless or non-permanent resident
<input type="radio"/>	Received GED outside of Texas	<input type="checkbox"/>	Student expelled, can return and has not
<input type="radio"/>	Removed by Child Protective Services	<input type="checkbox"/>	Student did not complete GED Certification
<input type="radio"/>	Academic Performance	<input type="checkbox"/>	Illness
<input type="radio"/>	Returned to home country	<input type="checkbox"/>	Pursue job/job training
		<input type="checkbox"/>	Join the military

Social Service		<input type="checkbox"/> Not Applicable
1= Significantly Worse 2= Somewhat Worse 3= No Change 4= Somewhat Better 5= Significantly Better		
Issues	TI	Outcomes
Basic Needs	<input type="checkbox"/>	
Career/Employment	<input type="checkbox"/>	
College Readiness	<input type="checkbox"/>	
Child Day Care	<input type="checkbox"/>	
Grief/Death	<input type="checkbox"/>	
Health	<input type="checkbox"/>	
Housing	<input type="checkbox"/>	
Life Skills	<input type="checkbox"/>	

Other Information Needed	
<input type="radio"/> No immediate plans	<input type="radio"/> 2 year college <input type="radio"/> 4 year college/university
<input type="radio"/> Trade Technical School	<input type="radio"/> Military <input type="radio"/> Employment <input type="radio"/> Not applicable
First generation post secondary student?	<input type="radio"/> Yes <input type="radio"/> NO <input type="radio"/> NA
Should Student Continue CIS Services Next Year?	<input type="radio"/> Yes <input type="radio"/> NO <input type="radio"/> NA

Exit Reason	
Exit Reason:	Reason:
Closing Date:	____ / ____ / ____





CAMPUS: \_\_\_\_\_



### Communities In Schools Group Service Roster

Staff Name: \_\_\_\_\_ Group Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Group Service Notes: \_\_\_\_\_

Svc Entry	Service Date	Primary	Secondary	Organization	Service code	Service Type	Duration	Notes
1								
2								
3								
4								
5								
6								
7								
8								
9								

Service Type: (GD) Group Direct (GI) Group Indirect Total

### Participant Roster

Student Name (Last, First, MI)	SSN or Alt #	Service Entry								
		1	2	3	4	5	6	7	8	9

Service Type: (GD) Group Direct (GI) Group Indirect Total





CAMPUS: \_\_\_\_\_



### Event Service Log

Service Date	Event Name		Primary	Secondary	Organization	Service Code	
Service Type	Duration	Attendee Type and Count					
		CM Student	Non CM Student	Family	Community	Volunteers	Total
Notes:							

Service Date	Event Name		Primary	Secondary	Organization	Service Code	
Service Type	Duration	Attendee Type and Count					
		CM Student	Non CM Student	Family	Community	Volunteers	Total
Notes:							

Service Date	Event Name		Primary	Secondary	Organization	Service Code	
Service Type	Duration	Attendee Type and Count					
		CM Student	Non CM Student	Family	Community	Volunteers	Total
Notes:							

