



STUDENT RECOMMENDATION FORM

Student's Name: _____ **Student's ID:** _____

Campus Name: _____ **Grade:** _____

Please provide as much information to assist personnel in providing academic and enrichment activities for Alief Children Interacting Afterschool Texas ACE program. The campus Site Coordinator will contact the-student's parent/guardian to review and complete the program registration.

- Academics: _____

- Attendance: _____

- Behavior: _____

- Social Skills/Character Development:

- Other (Explain):

My relationship to this student is (Select One):

- Campus Administrator
- Teacher
- Parent
- School Counselor

Printed Name: _____ **Date of Referral:** _____

Signature: _____

To be completed by CIA Staff

Verbal recommendation taken from (Name): _____

Date: _____ **Site Coordinator Signature:** _____

CIA Texas ACE Application Completed Yes ___ **No** ___ **Start Date** _____

Additional Notes: