EAGLE RANCH
CHILD RECOMMENDATION FORM

To be completed by person who is currently associated with or personally knows child being considered for Eagle Ranch. e.g. (teacher, counselor, psychologist, pastor, friend of the family, or family member)

Name: **last** **first** **middle Initial**

Address: **street** **city** **state** **zip**

Telephone: **work** **home**

Name of Child: **last** **first** **middle initial**

Relationship to Child:

How long have you known child?

Brief description of child's current behavior:

Strengths / Weaknesses of Child:

Strengths:

Weaknesses:

Major Incidences of Child:

Family History and Dynamics-- List major incidences (e.g. divorce, separation, drug, alcohol, physical, emotional, or sexual abuse, death, incarceration**)**

Signature: **Date:**