**MDHS DFCS Education Referral**

Referral Date:

**YOUTH’S CONTACT**

Name:Last Name, First Name Age: Age DOB:DOB Current Grade:K-12

Type of Placement:

[ ] Family/Foster Paternal Grandmother

[ ] Therapeutic Group home

[ ] Residential

Does the child have an IEP? Yes [ ]  No [ ]

Special Education Eligibility: (Can be found on the top right hand corner of the IEP) Click here to enter text.

School Name: Click here to enter text.

School District: Click here to enter text.

Reason for Referral:

School or District Staff COR has been in contact with:

Click here to enter text.

Last school placement (school and district):

Click here to enter text.

**DFCS CONTACT**

|  |  |
| --- | --- |
| COR Name:Click here to enter text.  | County: Click here to enter text. |
| Region: Click here to enter text.  | ASWS: Click here to enter text. |
| Email: Click here to enter text.  | Office Phone: Click here to enter text. |
| Cell Phone: Click here to enter text. |  |

Requested:

[ ]  Current IEP

[ ]  Psychological

[ ]  Additional documentation needed- List:

Education Liaison the referral sent to:

Referred to: Click here to enter text.

Completed by: Click here to enter text.