



1450 Howard  
Detroit, Michigan 48216

Office (313) 963-5881  
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Web: <http://www.mercyed.net/>  
Email: [mep@mercyed.net](mailto:mep@mercyed.net)

## Student Referral Form

This referral form collects the following:

- Page 1 – Contact information for the person referring the student and for the student’s family.
- Page 2 – Student information and educational history.

Please complete the form and return it to Mercy Education Project via email, fax or mail.

REFERRAL CONTACT INFORMATION		
Contact Person’s Name		Email Address
Contact Phone Number - -	Alternate Phone Number - - Ext.	Fax Phone Number: - -
School or Agency		

PARENT INFORMATION		
Parent / Guardian Name		Email Address
Home Phone Number - -	Work Phone Number - - Ext.	Fax Phone Number: - -
Street Address		
City	State	Zip

Please contact parent prior to submitting the referral to MEP.

- *Parent has been contacted and is aware of referral to MEP and why it was made.*  Yes  No

Please provide any other relevant information:

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## Student Referral Form

STUDENT INFORMATION	
Student's Name	
Grade	Birthday / /
Greatest area of need: <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Other:	
Area of Concern and / or reason for referral	
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STUDENT EDUCATIONAL HISTORY				
Question	Yes	No	N/A	Additional Information
1. Has this child ever repeated a grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please indicate grade(s) repeated
2. Has the child been evaluated for Special Education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When did this occur? If evaluation is still in process, check here: <input type="checkbox"/>
3. Is the child certified for special education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified as
4. Is the child receiving special education services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe services
5. Is special education pending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of the referral