

Friendship Club Referral Form

For Internal Use Only

Therapist- Please fill this out and return to Merilee in the front office.

Merliee- Please attach to the completed intake form and send to Friendship Club email.
Thank you!

Therapist Name:

Therapist Contact Info:

Client Name:

Client Contact Info:

What are you currently working on with this child:

How would they benefit from Friendship Club:

Do you think this child would need 1:1 assistance in a group:

Any information regarding this child that would be helpful in Friendship Club.: