Meyer Center
for Special Children

Student Referral

Please fill out and fax to Meyer Center Social Work Dept at 864-250-0028

Date _____ DOB _____

Child's Name _____

☐ Male ☐ Female Diagnosis _____

Mother's Name _____

Father's Name _____

Address _____

City _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Mother's email _____

Father's email _____

Does the child receive any of the following therapies?

Speech Therapy	Physical Therapy	Occupational Therapy
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Referral Made by

Name _____ Title _____

Agency Name _____ Phone _____

Additional Information

_____

_____

_____

_____

For Meyer Center Use

Referral Received On		Received By	
Family Contacted On		Intake Scheduled ☐ Yes ☐ No	
If yes, Date Scheduled			
If no, why not?			