Dr. Bertha Hale, Licensed Educational Psychologist (LEP)

SOLUTIONS 2 ETC INTAKE FORM

Case Number:	Dat	e:	
Name:		DOB:	
Address:			
Home Phone:	Cell Phone:		
Please Check			
Requested Service:	Mediation Paren	ting Co-Parenting	Assessments
	School Intervention	Family Intervention	Domestic Violence
	Anger Management	Grief Counseling	CORE Model
	Court Document		CORE Model for
	Preparation	House Inspection	Families
Emergency Contact			
Name:	Phone:		
Referring Agency:			
Next Court Date:			
Explain why you are taking the course:			
What do you expect to get out of this course?			
Identify any concerns you may have:			
	for our online webinars and		ox below and e-mail address.
Class Policy:			
Participant must not miss more than <u>three consecutive classes</u> ; after three missed classes participant will be dropped and must pay another intake fee in order to get credit for completed classes. Any requested reports will incur an addition cost, not including a "Letter of Enrollment". Please see the administrator for special report cost. <u>No refunds</u> .			
Signature		Date	