

St. Clair County Community Mental Health Authority

**GALLEY CLASS REFERRAL**

Please fill out the top section of this form and return it to Lori Gauthier

Date:	
Student Name:	
Case Number:	
First Class Choice: (Check One)	<input type="checkbox"/> Mon / Wed – Morning <input type="checkbox"/> Tues / Thurs – Morning <input type="checkbox"/> Mon / Wed – Afternoon <input type="checkbox"/> Tues / Thurs - Afternoon
Second Class Choice: (will only be used if first choice is full)	<input type="checkbox"/> Mon / Wed – Morning <input type="checkbox"/> Tues / Thurs - Morning <input type="checkbox"/> Mon / Wed – Afternoon <input type="checkbox"/> Tues / Thurs - Afternoon
Case Holder:	
Case Holder Phone Extension:	
Special Requests:	

\*\*\*\*\*FOR GALLEY STAFF USE ONLY BELOW THIS LINE \*\*\*\*\*

Date Received:	
Assigned Class:	