

## **COURSE SELECTIONS**

Please visit www.classatc.com for course descriptions
Call (586) 281-0150 to Register • Office Hours: Monday - Friday 8am - 4pm



ONE DAY PROGRAMS	M	ULTI-SESSION PROGRAMS
DECISION BASED DRIVING		LIVING SKILLS - CBT BASED INTERVENTIONS
☐ Level 1 - 4 hours \$100 ☐ Level 2 - 8 hours \$220		8 sessions \$280
☐ RETAIL FRAUD & ECONOMIC CRIME PREVENTION		1: Values and Responsibilities - 2 Sessions \$90  Values, responsibilities and fulfilling your responsibilities
6 hours \$135		2: Interpersonal Skills - 2 Session \$90  Introduction to CBT. Interpersonal skills, managing emotions,
IMPULSE CONTROL 6 hours \$135	_	conflict resolution, building and maintaining relationships
STRESS MANAGEMENT 8 hours \$220		3: Making Decisions - 2 Sessions \$90  Introduction to making decisions, decision-making styles, decision- making steps and learning from your decisions
□ DRUGS & ALCOHOL EDUCATION 4 hours \$100 □ IMPACT PANEL		4: Setting and Attaining Goals - 2 Sessions \$90  Setting and attaining goals, exploring your dreams,
2 hours \$45		goal-setting process and planning CONTROLLING ANGER
RIGHTS & RESPONSIBILITIES - WEAPONS PROGRAM	_	8 weeks \$280
8 hours \$220  SUBSTANCES OF ABUSE PROGRAM		COGNITIVE BEHAVIORAL PROGRAM 6 weeks \$240
Initial Consultation \$85 + 8 Sessions \$55 each		ALCOHOL & OTHER DRUGS AWARENESS (AOD)  1 weekend \$325 formally AAA weekend
THE DANGERS OF VAPING  2 hours \$100 Appropriate for Juveniles		DRUG & ALCOHOL ASSESSMENT 2 hours \$275
2 notes \$100 inpropriate for ouvernes		2 HOURS \$275
REFERRAL INF  (Must be completed by		
NAME:(Last, First)		CASE #:
ADDRESS:		CITY: ZIP:
D.O.B: Duvenile - Age:PHONE #:		Email:
<u>IMPORTANT</u>	NOTI	CES
<ul> <li>MUST PRE-PAY PRIOR TO REGISTRATION</li> </ul>	• THI	ERE ARE NO REFUNDS - NO EXCEPTIONS
FAILURE TO ATTEND A SCHEDULED CLASS WILL RESULT IN REPAYING THE FULL AMOUNT	• FEE	S ARE SUBJECT TO CHANGE WITHOUT NOTICE
• A \$3 SERVICE FEE WILL BE CHARGED FOR ALL CARD TRANS.	ACTION	S
REFERRING AGENCY:	CHAR	GE / OFFENSE:
REFERRING INDIVIDUAL: (Judge, Magistrate, PO, Other)	MUST	
REFERRING INDIVIDUAL EMAIL:		IF A TIME FRAME IS NOT DESIGNATED, ALL ORDERS WILL DEFAULT TO 90 DAYS FROM THE DATE THE ORDER WAS GIVEN
DISCLOSURE AUTHORIZATION By registering for any program with Class or designee, to release information to the referring party. The extent and nature of the revices received and recommendations for additional services when deemed necest class A Training Center, I am acknowledging that I am responsible for the fees assessed according to the cancellation policy expressed upon registration.	this infor	mation will concern my attendance, progress, drug screen results, igning below and/or attending any portion of a program hosted by
DDINITED NAME.		
PRINTED NAME:		DATE:

ATTENTION REFERRING PARTY: Please Send The Completed Form To The Class A Registration Department