Compassion, Clarity & Connection – a 4 week virtual class Offered by Jean Leonard, Ph.D., LLC PARTICIPANT INFORMATION FORM

Please note: This information will only be read by the course instructor. If you feel uncomfortable answering any questions, please note that on the form and we can have a private conversation before the program begins. Thank you.

Date:	Date of Birth:	Age: _	
	ude zip):		
Telephone: Home:	Is it okay to leave a n	nessage at this number?	_Yes No
Cell:	Is it okay to leave a n	nessage at this number?	_Yes No
E-Mail Address:			
	contact you by email? Yes N		
Occupation:			
	ess class is an educational format in a gr		
beneficial for many in participant's success. factors are concerns for	dividuals with a wide variety of concern Please consider an individual interview or you: anger, severe depression, suicid sychiatric hospitalization, and/or excession	ns. However, certain factor with the class instructor if al thoughts, a serious psycl	rs can interfere with a any of the following hological or medical
1. Please share anythi	ing you would like me to know about wi	hat draws you to participat	ing in this program?
	ular practice of meditation? If so, what to have any experience of meditation p		nave you been practicing?
If yes, please shar	eived treatment for a mental health conc re any information you think it would be alth may impact your experience in the c	helpful for me to know, es	specially ways your current

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4.	Are you currently taking psychoactive medication, or any medication that may affect how you feel from one week to the next? (If so, please provide details.)
5.	Please describe the current state of your physical health: ☐ Poor ☐ Average ☐ Good ☐ Excellent
6.	Please describe any health or medical condition that you feel may impact your experience in the class.
7.	Do you have any questions or concerns about the class?
8.	Is there anything else that would be helpful for me to know at this time?
	vestment: \$200
	• This is a suggested payment. If you cannot afford this suggested rate, pay what you can. If you can pay more, I welcome your generosity, as it will help support me, and those who are struggling at this time.
	 Payment can be made via Paypal or Zelle: send money to jeanleonardphd@gmail.com. Thank you.
	• Your space in the class is not reserved until I receive both your application (Participant Information Form and Informed Consent Form) and payment. Refunds are not available once the class has begun.
	 Complete the Participant Information Form & Informed Consent (one document) and e-mail it to jeanleonardphd@gmail.com
Ιŀ	nave read and understand these terms of registration.
Sig	gnature Date