**Tele Mental Health Services**

**Education Session Request**

11/4/2016

**Coordinating Agency:** Weechi-it-te-win

**Referrer:**

**Contact Person:**

**Phone:**

**Email:**

**Identify learners *(e.g. teachers, CYWs, social workers, etc.*), including number of sites and approximate number of total participants expected:**

**Brief Description of request: (*topic, number of sessions being requested*)**

**Learning objectives for the educational session: *(what you are hoping that the participants will learn by the end of the session)***

**Requested Time Frame: *(including preferred times and days of the week, please note that we will take these requests into account but cannot guarantee that they will be accommodated)***