**Psychomotor Therapist Quotation:**

**Applicant’s Name**

Based on the Therapy sessions, and the awareness sessions description provided by FISTA,

I **Mr. /Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** offer my services and expertise as per the attached CV to the “SHABAKE2” project. I ensure my availability and agree to provide the individual or group sessions, awareness sessions and trainings, in the topics:

|  |  |  |
| --- | --- | --- |
| **Awareness Topics** | **Yes** | **No** |
| **For Parents/Caregivers**Dealing with External Stressors |  |  |
| For Parents/CaregiversImproving School-Parent Communication |  |  |
| **For Parents/Caregivers**Importance of Inclusion and Mainstream Services |  |  |
| **For Parents/Caregivers**Effective Learning Strategies at Home |  |  |
| **For Parents/Caregivers**Symptoms and Management of Intellectual Disabilities (IDs) |  |  |
| **For Parents/Caregivers**Children’s Rights and Social Inclusion |  |  |
| **For Volunteers:**Inclusion and Protection Activities/Referral to Needed Services |  |  |
| **For Teachers and Coordinators:**Inclusion and Integration in Education |  |  |
| **For Teachers and Coordinators:**Protection from Exploitation, Abuse, and Violence |  |  |
| **For Teachers and Coordinators:**On-the-Job Training and Technical Assistance |  |  |
| **For Teachers and Coordinators:**Tailoring Academic Programs for Children with Disabilities |  |  |

For a fee of \_\_\_\_\_\_ USD per therapy Session

For a fee of \_\_\_\_\_\_ USD per training Session

For a fee of \_\_\_\_\_\_ USD per awareness Session

NB:

* Every individual therapy is 45 min.
* Every awareness session duration is 1 hour
* The rating of each training day is determined by the hours of training, with each hour contributing to the rating.
* The session will be delivered at community centers in North Lebanon or other community locations, RESTART and FISTA center in Tripoli and Deddeh.

Tripoli: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_