**Special Educator Quotation:**

**Applicant’s Name**

Based on the Therapy 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 Therapy sessions in special education and psychosocial support fields.

For a fees of \_\_\_\_\_\_ USD per Session

NB:

* Every therapy session is 1 hour.
* The sessions will be delivered at FISTA center in Tripoli and Deddeh.

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

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

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