Toronto Metropolitan University

Academic Accommodation Support

BSWD Service Provider Quote Form

INSTRUCTIONS

- Prepare a separate Form for each applicable service
- If there is a change in service providers within the semester, a new form must be submitted
- Contact your AAS Facilitator to discuss eligibility and funding caps
- **Keep a copy of this form for your records**

STUDENT INFORMATION

First Name:	Last Name:	Student Number:
Facilitator:	Semester: ◯ Fall only ◯ Winter only ◯ Fall & Winter	

SERVICE PROVIDER INFORMATION

- Service Provider must be a member of a relevant college or regulatory body (i.e. College of Registered Psychotherapists of Ontario) where applicable
- Service must respond directly to the student's disability and support his/her participation in postsecondary studies
- Service must **not** be covered by any other source of funding available to the student (i.e. health insurance coverage)
- Service provider **cannot** be a spouse/partner, family member or friend of the student.

First Name:	Last Name:
Registration #: *(if applicable)*	Address:
Email:	Phone:
Qualifications:	
Session Start Date:	Session End Date:
# Weeks: *(a)*	# Hours /week: *(b)*
Rate /hour: $ *(c)*	Total amount requested: $ *(a x b x c)*

Student Signature:	Date: