



11 Nadolny Sachs Private, Suite #218
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(613)-725-3519
consultations@tamir.ca

NEW!!! Professional Consultation Services

We are so excited to announce that Tamir will be offering remote Professional Consultation Services to help improve the quality of life of your child and family. Tamir has been generously given a grant by the M.B. Lewis Charitable Foundation that will help fund this new project. Please note that if you have insurance, this may potentially be applied to this service and may increase the number of sessions possible.

Tamir is offering professional services in a 5-session remote consultation model. To access the professional services, the first step is to complete the intake/consultation form. Once completed, you will be contacted within 48 hours. The need for professional services will be discussed and a possible intake through Zoom will be conducted. There will be 5 consultation sessions that will be arranged with the appropriate professional through tele-health where a treatment plan and follow-up will be discussed. In order to assess the impact of this new service on the community and clientele, a parental satisfaction survey will be provided for families to complete after each consultation.

If you have any questions, please do not hesitate to contact us at consultations@tamir.ca





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APPLICATION FORM

REMOTE PROFESSIONAL CONSULTATION: ORGANIZATIONS

PERSONAL INFORMATION

INFORMATION

Organization Name:	Main Contact:
Phone Number:	Email Address:
Setting (i.e. daycare/summer camp/school etc.):	Age Range Served:

GENERAL INFORMATION

ORGANIZATION INFORMATION

What are your primary goals for accessing this service (i.e. Webinar, Support Services, Staff Training, Support with Clientele etc..)

Goal 1:

Goal 2:

Goal 3:



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What are some of the populations you service (i.e. Autism, Anxiety, etc.):

How many children per group/class?

What is your staffing ratio?

What kind of professional development training has your staff already received?

OTHER

Is there any other information that you would like to provide? Do you have any questions?



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Organization Representative's Signature:

Date:
