



**STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM
SPECIALIZED INSTRUCTIONAL SERVICES
SUPPLEMENTAL STUDENT APPLICATION**

Note: This form should be completed together with Form OEL-VPK 01, Part A, only if:

- Your child has a documented disability.
- Your child has a current individual education plan (IEP).
- You wish to have your child receive specialized instructional services instead of the school-year or summer Voluntary Prekindergarten (VPK) Education program.

You must submit a copy of your child's current IEP, and a completed Form OEL-VPK 01, Part A, to the Early Learning Coalition with this form.

1. Student Name:	2. Student Date of Birth:
3. Parent Name:	4. Phone Number:
5. Date of IEP:	
6. Select one or more of the following specialized instructional services as reflected in the goals on your student's IEP:	
<input type="checkbox"/> Applied behavior analysis. <input type="checkbox"/> Speech-language pathology. <input type="checkbox"/> Occupational therapy. <input type="checkbox"/> Physical therapy. <input type="checkbox"/> Listening and spoken language specialist for a deaf or hard of hearing child. <input type="checkbox"/> Other consistent with the student's IEP. _____	
7. If you desire to receive services between 14 calendar days prior to Labor Day and June 30th, maximum expenses reimbursed will be the school-year full-time equivalent (FTE) allocation. If you desire to receive services between May 1 and 15 calendar days prior to Labor Day, maximum expenses reimbursed will be the summer FTE. Choose one:	
<input type="checkbox"/> School-year. <input type="checkbox"/> Summer.	

CERTIFICATION

By signing this document, I certify the following:

I have examined this supplemental application and, to the best of my knowledge and belief, the information provided is true and correct. If I enroll my student in the VPK specialized instructional services program type, I understand that he or she may not be eligible for any other state-funded VPK services. I understand that total payment made on behalf of my child shall not exceed the amount for full-time instruction established by s. 1002.71(3), Florida Statutes. I understand it is my responsibility to be aware of the amount of funding available to my child and understand that I will be responsible for the cost of any services my child receives which exceeds the total available amount of funding. I recognize that if I have provided inaccurate information on this form, I may be required to reimburse the Specialized Instructional Services provider or early learning coalition for overpayments.

8. Parent Signature <input type="checkbox"/> By Electronic Signature	9. Date:
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VERIFICATION BY EARLY LEARNING COALITION (early learning coalition use only)

10. Process Agent <input type="checkbox"/> By Electronic Signature (Date):	11. Process Manager <input type="checkbox"/> By Electronic Signature (Date):
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These items have been verified in the review of this application: Form OEL-VPK 01, Part A <input type="checkbox"/> DOB Verification <input type="checkbox"/> Residency <input type="checkbox"/> Parent Signature Form OEL-VPK 01S <input type="checkbox"/> Student's IEP <input type="checkbox"/> Parent Signature <input type="checkbox"/> Child Eligibility	Comments:
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