Specialized Instructional Services (SIS)
for Voluntary Prekindergarten Children with Disabilities
Specified SIS Providers
DOE Form VPK-SIS1

This form must be filled out completely, including original signature on last page. Appropriate and complete documentation (see section B. below), must accompany this form.

A. Contact information

Name of agency head: Click here to enter text.

Name of Contact Person: Click here to enter text.   Title: Click here to enter text.

Mailing Address: Click here to enter text.

City: Click here to enter text.   State: Click here to enter text.   Zip Code: Click here to enter text.

Telephone Number: Click here to enter text.   Fax Number: Click here to enter text.

Email address: Click here to enter text.   Organization Website: Click here to enter text.

B. Service Provided

Please check the appropriate box below and attach documentation of the applicable credential to this form for processing.

☐ Listening and Spoken Language Specialist™ certified by the Alexander Graham Bell Academy for Listening and Spoken Language

☐ Board Certified Behavior Analyst certified by the Behavior Analyst Certification Board® pursuant to Rule 65G-4.0011, F.A.C.

C. Applicant Information

Check the category(ies) that best describes the applicant's organization:

☐ Individual

☐ For-profit company

☐ Non-profit organization

☐ Community based/faith-based organization

☐ Institution of higher education

☐ Other: Click here to enter text.

D. Delivery Model and Services

Check all that apply.

Check the group size served for each delivery model selected.

☐ Individual services

☐ Small group (group size two to five students per provider)

☐ Large group (group size six to ten students per provider)

☐ Ability to communicate languages other than English

    ☐ Spanish

    ☐ Haitian Creole

    Other (identify): Click here to enter text.

Times offered: Click here to enter text.

E. County/Counties to be Served

☐ Baker		☐ Monroe
☐ Bay		☐ Nassau
☐ Bradford		☐ Okaloosa
☐ Brevard		☐ Okeechobee
☐ Broward		☐ Orange
☐ Calhoun		☐ Osceola
☐ Charlotte		☐ Palm Beach
☐ Citrus		☐ Pasco
☐ Clay		☐ Pinellas
☐ Collier		☐ Polk
☐ Columbia		☐ Putnam
☐ Dade		☐ St. Johns
☐ Desoto		☐ St. Lucie
☐ Dixie		☐ Santa Rosa
☐ Duval		☐ Sarasota
☐ Escambia		☐ Seminole
☐ Flagler		☐ Sumter
☐ Franklin		☐ Suwannee
☐ Gadsden		☐ Taylor
☐ Gilchrist		☐ Union
☐ Glades		☐ Volusia
☐ Gulf		☐ Wakulla
☐ Hamilton		☐ Walton
☐ Hardee		☐ Washington
☐ Hendry		
☐ Hernando		
☐ Highlands		
☐ Hillsborough		
☐ Holmes		
☐ Indian River		
☐ Jackson		
☐ Jefferson		
☐ Lafayette		
☐ Lake		
☐ Lee		
☐ Leon		
☐ Levy		
☐ Liberty		
☐ Madison		
☐ Manatee		
☐ Marion		
☐ Martin		

Form VPK-SIS1
Rule 6A-6.03033
Effective September 2012

I, THE UNDERSIGNED, CERTIFY that all of the information provided herein is true and accurate, to the best of my knowledge. In the instance that I am signing on behalf of an organization, I am authorized to act on behalf of the organization.

_____   Click here to enter text.
Original Signature of Applicant   **Date signed**
(see Notes below)

Click here to enter text.
Printed Name

Click here to enter text.   Click here to enter text.
Name of Agency/Company/Group   **Title of Signing Agent**

Notes:
1. Printed name and original signature must match.
2. Use blue ink for original signature.
3. "By", "for," or initials will not be accepted.
4. Rubber stamp signatures will not be accepted.

Before sending, please ensure:
- ✓ **DOE Form VPK-SIS1 includes an original signature in blue ink.**
- ✓ **Appropriate documentation for items required in Section B is attached.**

Please submit DOE Form VPK-SIS1 to:
Florida Department of Education
Just Read, Florida! and the Office of Early Learning
Attn: VPK-SIS Form Processing
 325 W. Gaines Street, Suite 514
Tallahassee, FL 32399

This application will be processed within four weeks of receipt.

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