

**Specialized Instructional Services (SIS)
for Voluntary Prekindergarten Children with Disabilities**
Parent Request
DOE Form VPK-SIS3

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

A. Contact information

Parent(s) Name: [Click here to enter text.](#)
Child's Name: [Click here to enter text.](#) Child's Date of Birth: [Click here to enter text.](#)
Child's Diagnosis(es) (based on IEP): [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.](#)

Contact information for Proposed SIS Provider

Name of agency head: [Click here to enter text.](#)
Federal Employer Identification Number (FEIN) or Taxpayer ID Number (TIN): [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

Documentation of the applicable licensure or credential must be attached to this form for processing. Please note, the Department may request a copy of the child's IEP for verification.

Other Specialized Instructional Service provider requested (Please indicate requested provider's name, type of license or certification, and the specialized instructional service requested by the parent. Please describe the service to be provided and how this service relates to the child's IEP.): [Click here to enter text.](#)

C. Proposed SIS Provider Information

Check the category that best describes the proposed SIS provider'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 tutoring
- Small group (group size two to five students per tutor)
- Large group (group size six to ten students per tutor)

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

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

Original Signature of Parent(s)

(see Notes below)

[Click here to enter text.](#)

Date signed

[Click here to enter text.](#)

Printed Name

*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.*

Original Signature of Proposed SIS Provider

(see Notes below)

[Click here to enter text.](#)

Date signed

[Click here to enter text.](#)

Printed Name

[Click here to enter text.](#)

Name of Agency/Company/Group

[Click here to enter text.](#)

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-SIS3 includes original signatures in blue ink.**
- ✓ **Appropriate documentation for items required in Section B is attached.**

Please submit DOE Form VPK-SIS3 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.

Florida Department of Education
Just Read, Florida! and the Office of Early Learning
325 W. Gaines Street, Suite 514
Tallahassee, FL 32399
Toll Free: 1-866-447-1159 • earlylearning@fldoe.org