



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

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

- Your child has a documented disability,
- Your child has a current Individual Education Plan (IEP), and
- You wish to have your child receive specialized instructional services instead of standard Voluntary Prekindergarten Education (VPK) classroom instruction.

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

1. Student's Name:	2. Student's 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 as identified on the student's IEP: _____	

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 full-time equivalent funding amount established for VPK students annually through the General Appropriations Act. 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.

7. Parent Signature <input type="checkbox"/> By Electronic Signature	8. Date
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VERIFICATION BY EARLY LEARNING COALITION (Early Learning Coalition Use Only)

9. Process Agent <input type="checkbox"/> By Electronic Signature Date	10. 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: <div style="border: 1px solid black; height: 100px;"></div>
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