

**STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM
SPECIALIZED INSTRUCTIONAL SERVICES
CERTIFICATE OF ELIGIBILITY**

I. EARLY LEARNING COALITION CONTACT INFORMATION *(Completed by Early Learning Coalition)* Type or print in black or blue ink

1. Coalition Name	2. Address
3. Telephone Number	4. Fax Number
5. Point of Contact (Optional)	6. Email Address (Optional)
7. Website to access Form OEL-VPK 20S (Specialized Instructional Services Provider Agreement)	

II. CERTIFICATE OF CHILD ELIGIBILITY *(Issued by Early Learning Coalition)*

8. Student's Full Name	9. Student's Date of Birth	10. Student's ID
11. VPK Program Year	12. Certificate Number	13. Certificate Issue Date
		14. Enrollment <input type="checkbox"/> New Enrollment <input type="checkbox"/> Re-Enrollment <input type="checkbox"/> Good Cause Exemption

III. ADMISSION BY SPECIALIZED INSTRUCTIONAL SERVICES (SIS) PROVIDER *(Jointly Prepared by Provider AND Parent)*

Provider must visit the website listed in Item 7 to obtain a copy of the VPK Specialized Instructional Services Program Provider Agreement (SIS Agreement). A SIS Agreement must be signed by an authorized representative and returned to the Early Learning Coalition (*Item 1*) before serving children through the SIS program. Provider is only required to sign one SIS Agreement per program year.

15. Name of SIS Provider**	16. Daytime Telephone	17. Fax
18. Address of SIS Provider	19. Type of Service Provided***	
20. Signature of SIS Provider Representative	21. Date	22. Parent Signature
		23. Date

IV. ENROLLMENT SUBMISSION AND CONFIRMATION *(Submitted by SIS Provider)*

Upon completion of Section III. above, the SIS Provider must contact the early learning coalition identified in Section I. to obtain a Confirmation Number. The Confirmation Number authorizes the early learning coalition to make payments for the VPK Specialized Instructional Services Program. The coalition will issue a confirmation number that allows payments to be made on behalf of the student and confirms that the parent has chosen the provider as the student's SIS Provider.

	IS THE CONFIRMATION NUMBER
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*** **Type of Service.** Enter one of the following codes:

ABA (Applied Behavior Analysis)	OT (Occupational Therapy)	LS (Listening and Spoken Language Specialist)
SP (Speech-language Pathology)	PT (Physical therapy)	Other (Other as identified on the student's IEP)

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FORM OEL-VPK 02S, PART B (SCHEDULE OF SERVICES) INSTRUCTIONS**

Items 1 – 8 are completed by the early learning coalition:

- Item 1. Student's Name.** – Enter the student's full name.
- Item 2. Student's Date of Birth.** – Enter the student's date of birth.
- Item 3. Student's ID.** – Enter the last four digits of the student's identification number.
- Item 4. VPK_Program Year.** – Enter the VPK program year for which the student is eligible to receive specialized instructional services. *Note that scheduled services cannot begin more than 14 days before Labor Day and must end before the uniform date fixed by the district school board under Section 1001.42(4)(f), F.S., for the opening of public schools for regular school programs in the county.*

- Item 5. Parent's Name.** – Enter the student's parent's name.
- Item 6. Phone Number.** – Enter the primary phone number for the parent.
- Item 7. Date of IEP.** – Enter the date of the student's current Individual Education Plan.
- Item 8. Student's Total Available Funding.** – Enter the remaining Base Student Allocation (BSA) for the VPK program type in which the student will receive services.

Items 9 – 11 are completed by the parent and SIS provider:

- Item 9. SIS Provider Name.** – Enter the name of the SIS provider who will provide specialized instructional services to the student.
- Item 10. SIS Appointment Date & Time.** – Enter the date and time of the scheduled appointment when the specialized instructional service will be rendered to the student.
- Item 11. Cost for Service.** – Enter the cost charged by the SIS provider for the scheduled appointment, not to include any charges to be paid for by a funding source other than the Early Learning Coalition (i.e., insurance).

Item 12 is completed by the early learning coalition:

- Item 12. Reviewed By & Date (ELC use only).** – The early learning coalition staff is to review all scheduled service dates and cost for services to ensure that the total does not exceed the amount listed in item 8. The early learning coalition staff must indicate its review by initialing and entering the date of the review (*item 12*). If the total amount of the cost for services exceeds the student's funding amount (*item 8*), the early learning coalition staff shall strike through the service to indicate that full payment is not authorized. The ELC shall also enter a comment on the appropriate line (*item 17*), indicating that full payment for that service is not authorized and that the parent will be responsible for the unreimbursed cost of the service if it is provided.

Items 13 – 14 are completed by the parent:

- Items 13 – 14. Parent's Initials and Date SIS Received.** - The student's parent is to initial on the appropriate line (*Item 13*) and enter the date (*item 14*) at the time specialized instructional services are rendered to the student. This verifies that the student did not miss the scheduled appointment and that services were rendered by the SIS provider on that date and time.

Items 15 – 17 are completed by the early learning coalition:

- Item 15. Remaining Funding.** – Enter the amount of the student's funding that is remaining after a payment has been made to the SIS provider.
- Item 16. Payment Date.** – Enter the date the payment has been made to the SIS provider for services rendered.
- Item 17. Comment.** – Enter any comments the coalition may have based on initial or subsequent review of the SIS appointment date and time (*item 11*), cost for service (*item 11*), remaining funding (*item 15*) or payment date



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Note: The parent of a student enrolled in the Specialized Instructional Services (SIS) program type must complete this form with all selected specialized instructional services providers. This form serves as the schedule of services and as the invoice for services which must be submitted by a SIS provider for reimbursement.

1. Student's Name:	2. Student's Date of Birth:	3. Student's ID	4. VPK Program Year:
5. Parent's Name:	6. Phone Number:	7. Date of IEP:	8. Student's Total Available Funding: \$ _____

By completing this form and initialing in item 13, the parent acknowledges that the student whose name appears in item 1 received SIS services on the days indicated, certifies that he/she continues to choose the identified SIS provider(s) to deliver the program, and directs that program funds be paid to the SIS provider(s) for the student. The parent also understands that the total VPK payment made on behalf of the student shall not exceed the full-time equivalent funding amount established for VPK students annually through the General Appropriations Act. The parent understands that it is his/her responsibility to be aware of the amount of funding available and understands that he/she will be responsible for the cost of any services which exceeds the total available amount of funding.

<i>The parent and SIS provider must collaborate to complete this section (items 9 - 11). The parent must then submit this completed document to the early learning coalition prior to the SIS provider offering and the student receiving services.</i>			ELC Use Only:	<i>The parent must initial and date this section on the date services are received. The SIS provider must submit a copy of this initialed and dated form to the ELC as an invoice.</i>		ELC Use Only:		
			<i>Complete upon initial review of form.</i>			<i>Complete upon receipt of initialed and dated form submitted by SIS provider for invoicing purposes.</i>		
9. SIS Provider Name	10. SIS Appointment Date & Time	11. Cost for Service	12. Reviewed By & Date	13. Parent's Initials	14. Date SIS Received	15. Remaining Funding	16. Payment Date	17. Comments