



First Year Application

Partnership for Effective Programs for Students with Autism

Please submit your completed application by e-mail or fax to your regional CARD site.
Keep in mind that there are limited positions available and acceptance into the program will be competitive.

Part I. Applicant Information *please type or print

CARD Site:			Partnership Year:		
First Name:			Last Name:		
Maiden Name/ Previous Last Name(s):					
Primary E-mail:					
Secondary E-mail:					
Cell Phone:			Home Phone:		
Home Address:	Street:				
	City:		State:	Zip:	
Title/Position:			County/District:		
Type of Classroom:			Total number of students you serve:		Number of students with ASD:
School Name or Work Location:			District:		
School/Work Phone:			School/Work Fax:		
School/Work Address:	Street:				
	City:		State:	Zip:	
Principal/Administrator Name:					
Principal/Administrator E-mail:					

Part II: Narrative **** This section must be completed in order to be considered. **** Please answer briefly on a separate sheet of paper and attach to this form.

1. Why do you want to be involved in this advanced training/program development opportunity?
2. What makes you or your program and ideal candidate for the Partnership Program?
3. Describe your experience with students with ASD.
4. Describe the instructional program or practices you use in educating students with ASD.
5. Describe a project you would like to pursue through the PEPSA Partnership Program.

Part III: Commitment and Approval

I understand that this training opportunity requires the development of a collaborative relationship with a CARD professional and the implementation of new practices in my classroom or school.

Completion of this project will include:

1. Completion of the required program deliverables. _____ *Applicant's Initials*
2. Attendance of the Annual CARD Conference and PEPSA Pre-conference day in January of your project year. _____ *Applicant's Initials*

Applicant's Signature

Date

I approve of this teacher's application and look forward to supporting his/her efforts.

Principal/ Administrator's Signature

Date

For office use only:

Date Received: _____

Accept/Reject: _____

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