



# Second Leadership 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. What are the needs of teachers/families of students with ASD in your district?
2. Briefly describe your first year project and the benefits you gained from your participation.
3. Describe the activities you may want to peruse through the Leadership Year (Note: These may be finalized after acceptance into the program and through negotiation with your supervisor or district coordinators.)

## 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 teacher leadership practices in my school/district. 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

1. I approve of this teacher's application and look forward to supporting his/her efforts. \_\_\_\_\_ **Principal/ Admin's Initials**
2. I approve of this teacher's application and will support his/her efforts to build the capacity of other district personnel in providing exemplary programs to students with ASD. \_\_\_\_\_ **Principal/ Admin's Initials**

\_\_\_\_\_  
Principal/ Administrator's Signature Date

*For office use only:*  
**Date Received:** \_\_\_\_\_  
**Accept/Reject:** \_\_\_\_\_

[WWW.DOEPARTNERSHIP.ORG](http://WWW.DOEPARTNERSHIP.ORG)



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