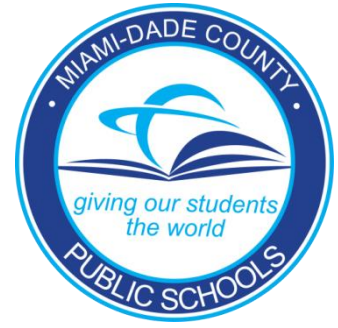


2018-2019 Special Education Option Application Autism Intensive Communication Academy



Criteria for Admission

Students must meet all of the following criteria for the academies:

- Eligible under Autism Spectrum Disorders (ASD)
- Significant cognitive delay
- Eligible to receive instruction in the State Standards Access Points Curriculum and assessment by the Florida Standards Alternate Assessment (**parent consent required**)
- Significant language disorder
- Demonstrated interest in using technology preferred

Parents are agreeing to:

- Consent for videotaping the student for educational purposes
- Participate in parent education workshops
- Use technology at home to support their child
- Provide transportation, if the student resides outside of the established transportation boundaries
- Ensure student arrives on time on a daily basis and maintains satisfactory attendance

Eligibility under the Developmentally Delayed (DD) label is subject to change pending the outcome of psychoeducational testing and any other pertinent assessments.

All private assessments will be reviewed by the Exceptional Student Education Individual Educational Plan/Reevaluation Team to ensure that it contains the required components for eligibility.

Applicants may require an observation from the Autism, District office to determine if the Academy can meet the needs of the applicant.

An IEP meeting may be held to assure all services provided on the IEP can be fully implemented in the Academy.

Students' application materials will be reviewed to insure that admission criteria are met. A random selection process (lottery) will be used for student selection from all eligible students.

How to Apply

Applications for enrollment in an Academy are accepted annually between October 1st and January 15th. An Application may be obtained at the SPED Center Offices or online at http://ese.dadeschools.net/autism/autism_academy.asp. Applications received after deadline will be processed only if seats remain after all students whose applications were received within the designated recruitment period are placed. All students residing in Miami-Dade County who meet eligibility criteria are eligible to apply. Students applying to kindergarten programs must be five (5) years old on or before September 1st.

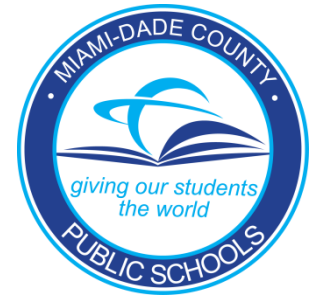
1. Please complete all required areas. Failure to sign and/or complete all sections may result in the application not being processed.
2. All applications will be processed only at the District office. Please send your application directly to the office on the last page of the application.
3. You must attach a copy of the most recent IEP and evaluations (including psychological, speech and language, adaptive), and any medical documentation, if applicable.

Applications are valid only for one school year

Continued participation in the Academy is dependent upon student need and parent participation and will be reviewed on an annual basis.

Completed applications with supporting documentation must be submitted by January 15, 2018.

Special Education Option Program Application
FOR THE 2018-2019 SCHOOL YEAR



- DIRECTIONS:**
- 1. Applications MUST be received by January 15, 2018.**
 - 2. Use black or blue ink to fully complete the application.**
 - 3. Read and sign the Agreement of Understanding.**

Check the Academy for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> Blue Lakes ES (incoming Kindergarten-Grade 8) | <input type="checkbox"/> Citrus Grove ES (incoming Kindergarten-Grade 5) |
| <input type="checkbox"/> Gratigny ES (incoming Kindergarten-Grade 5) | <input type="checkbox"/> Paul Bell MS (incoming Grade 6-Grade 8) |
| <input type="checkbox"/> Redondo ES (incoming Kindergarten-Grade 3) | |

PLEASE PRINT CLEARLY STUDENT'S INFORMATION:

Last Name: _____ First Name: _____ Middle: _____

MDCPS Student ID: _____ Student Date of Birth (MM/DD/YYYY): ____/____/____

Student Address: _____

Current School: _____ Current Grade: _____

If private school, list a contact person and phone number: _____

Do you have another child attending this program (if yes, complete below): Y N

Name of sibling: _____ Student ID or Date of Birth: _____

Is parent presently serving in the active military or full-time Reserves? (*Attach Documentation*): Y N

Parent/Guardian Contact Information:

Parent Last Name	Parent First Name	Home Phone	Work Phone

Agreement of Understanding

By signing below, I acknowledge my understanding of the following conditions for this application:

THE DEADLINE FOR THIS APPLICATION IS JANUARY 15, 2018. Failure to complete all requested information may cause this application to be rejected. When the number of eligible non-priority applicants exceeds the number of seats available, a random selection process will be utilized to admit eligible applicants. Failure to respond to an offer of acceptance by the specified deadline will be interpreted as parent/guardian decline of program acceptance. Applications received from October 1, 2017 to January 15, 2018 will be eligible for consideration for enrollment for the 2018-2019 school year.

I hereby give my permission for my child to be screened and/or observed for admission to the selected option program designated in this application. If accepted, he/she will be enrolled as a full-time student at the school of acceptance. Transportation availability is limited and may not be available to all students.

Parent Signature

Date

***All applications must have current IEP and evaluations attached.
 *See attached sheet for SPED Center Offices and Transportation Information.**

