



DIRECTORY OF REGIONAL CARD SITES  
*Florida's First Choice for Autism Support*

**Florida Atlantic University—CARD**

Department of Exceptional Student Education  
777 Glades Road  
Boca Raton, FL 33431  
Contact: Bairbre Flood  
Toll-Free: 1-800-9-AUTISM x3  
Phone: 561-297-2023  
Fax: 561-297-2507  
Email: bflood2@fau.edu  
Web: <http://www.coe.fau.edu/card>  
*Districts: Palm Beach, Indian River, Martin, Okeechobee, St. Lucie*

**Florida State University—CARD**

625-B North Adams Street  
Tallahassee, FL 32301  
Contact: Janice Overstreet  
Toll-Free: 1-800-9-AUTISM x8  
Phone: 850-644-4367  
Fax: 850-644-3644  
Email: [janice.overstreet@med.fsu.edu](mailto:janice.overstreet@med.fsu.edu)  
Web: <http://autism.fsu.edu>  
*Districts: Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Taylor, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Wakulla, Walton, Washington*

**University of Central Florida—CARD**

12001 Science Drive, Suite 145  
Orlando, FL 32826  
Contact: Marilee Emerson  
Toll-Free: 1-800-9-AUTISM x4  
Phone: 407-737-2566  
Fax: 407-737-2571  
Email: [memerson@mail.ucf.edu](mailto:memerson@mail.ucf.edu)  
Web: <http://www.ucf-card.org>  
*Districts: Brevard, Lake, Orange, Osceola, Seminole, Sumter, Volusia*

**University of Florida, Gainesville—CARD**

P.O. Box 100234  
Gainesville, FL 32610  
Contact: Cathy Zenko  
Toll-Free: 1-800-9-AUTISM x6  
Phone: 352-846-2761  
Fax: 352-846-3703  
Email: [czenko@ufl.edu](mailto:czenko@ufl.edu)  
Web: <http://www.card.ufl.edu>  
*Districts: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Union, Hamilton, Hernando, Lafayette, Levy, Marion, Putnam, Suwannee*

**University of Florida, Jacksonville—CARD**

6271 St. Augustine Road, Suite 1  
Jacksonville, FL 32217  
Contact: Mae Barker  
Toll-Free: 1-800-9-AUTISM x7  
Phone: 904-633-0760  
Fax: 904-633-0751  
Email: [mae.barker@jax.ufl.edu](mailto:mae.barker@jax.ufl.edu)  
Web: <http://hscj.ufl.edu/peds/aut>  
*Districts: Baker, Clay, Duval, Flagler, Nassau, St. Johns*

**University of Miami & Nova Southeastern University—CARD**

5665 Ponce de Leon Boulevard  
Coral Gables, FL 33124  
Contact: Marlene Sotelo  
Toll-Free: 1-800-9-AUTISM x1 (UM)  
(or) 1-800-9-AUTISM x2 (NSU)  
Phone: 954-262-7713  
Fax: 305-284-6555  
Email: [msotelo@nova.edu](mailto:msotelo@nova.edu)  
Web: <http://www.umcard.org>  
(or) <http://www.nscard.org>  
*Districts: Broward, Miami-Dade, Monroe*

**University of South Florida—CARD**

Louis de la Parte Florida Mental Health Institute  
Department of Child and Family Studies  
13301 Bruce B Downs Boulevard  
Tampa, FL 33612  
Contact: Donna Casella  
Toll-Free: 1-800-9-AUTISM x5  
Phone: 813-974-6168  
Fax: 813-974-6115  
Email: [dcasella@fmhi.usf.edu](mailto:dcasella@fmhi.usf.edu)  
Web: <http://card-usf.fmhi.usf.edu>  
*Districts: Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota*



# PEPSA



## PARTNERSHIP FOR EFFECTIVE PROGRAMS FOR STUDENTS WITH AUTISM



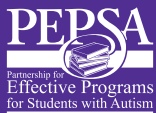
*Designed to enhance the capacity of Florida teachers to provide quality educational programs to students with autism spectrum disorders.*

**Funding Statement:**

This product was developed by the Partnership for Effective Programs for Students with ASD, a project funded by the State of Florida, Department of Education, K 12 Public Schools, Bureau of Exceptional Education and Student Services, through federal assistance under the Individuals with Disabilities Education Act (IDEA), Part B.




Florida Department of Education




## ABOUT THE PROGRAM...

The Partnership Program is funded by the Florida Department of Education, K-12 Public Schools, Bureau of Exceptional Education and Student Services, and is designed to provide training and technical assistance to teachers or a school program that aims to enhance the educational program for students with autism spectrum disorders (ASD). Each teacher or school will be matched to a Center for Autism and Related Disabilities (CARD) professional who will mentor the teacher or school staff in developing a plan for implementing innovative and effective practices within educational programs for students with ASD. The CARD partner will provide support, resources, technical assistance, and training that is specific to the needs identified by the teacher or school.

## ABOUT THE APPLICATION PROCESS...



Teachers or school contact person should complete the enclosed application and include the approval signature of their supervisor or building principal.



The completed application should be submitted to the CARD site supporting the school district (see address list on back).




The number of teachers or schools that may enroll is limited.




A CARD committee will review the applications to select Partnership Program participants.

## CRITERIA FOR PARTICIPATION...



Participants must be teachers or school staff in the state of Florida who provide instruction to a student or students with ASD within a general or special education program.




There must be a commitment by the teacher or school staff to the enhancement of practices or school components that are provided to students with ASD.


## INSERVICE COMPONENTS...

Educators completing a partnership project have the opportunity to apply for inservice components toward recertification.

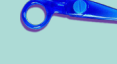
## THE SCHOOL DISTRICT PARTNER WILL...




Develop a collaborative relationship with a CARD partner. The participating teacher and CARD partner will work together toward the achievement of identified goals.



Assess the program currently being provided to students with ASD and identify components or practices to improve or implement.




Develop and implement an action plan focused on implementing innovative practices within the program provided to students with ASD.




Document the outcomes achieved within the Partnership Program through the development of a project portfolio or program evaluation.


## CARD WILL...




Develop a collaborative relationship with the participating teacher or school leader. The CARD partner and participating teacher or school leader will work together toward the achievement of identified goals.




Provide assistance with the assessment of the program provided to students with ASD and the identification of program components or practices to improve or implement.




Assist in the development of an action plan and the identification of training opportunities.



Provide registration fee and \$450 travel stipend for attending the CARD annual conference.



Provide a \$250 stipend to assist the teacher or school leader with expenses associated with the Partnership Program.

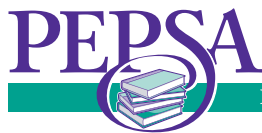


Assist the teacher or school leader in the documentation of outcomes through the development of a project portfolio or program evaluation.

*For more information about the program, visit us at:*

*[www.doepartnership.org](http://www.doepartnership.org)*





# Partner Application

Partnership for Effective Programs for Students with Autism

Please submit your completed application by mail or fax to your regional CARD site. All applications are due by the last Friday in September. Keep in mind that there are limited positions available and acceptance into the program will be competitive.

## Part I. Applicant Information

School/Program Year Applying for:			
Name (first and last):			
Maiden Name:		Social Security No.:	- -
Title/Position:		Type of Classroom:	
School Type:		Grade Level:	
School Name or Work Location:		Total Number of Students You Serve:	
County or School District:		Number of Students With ASD:	
School or Work Address:	Street:		
	City:		Zip Code:
	School or Work Phone: ( )	School or Work Fax: ( )	
Home Address:	Street:		
	City:		Zip Code:
	Home Phone: ( )	Cell Phone: ( )	
E-mail Address (Required):			

## 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 an 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

*Completed applications should be submitted to your regional CARD site.*

*Please contact your regional CARD for questions about the program.*

(For office use only) Date Received: \_\_\_\_\_

