

# 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:** \_\_\_\_\_

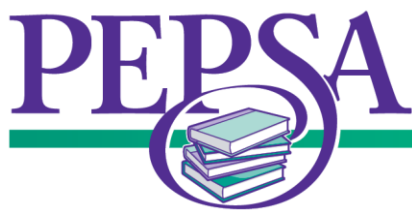
**Accept/Reject:** \_\_\_\_\_

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The Partnership for Effective Programs for Students with Autism (PEPSA)  
is 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.





# Application Submission

*Partnership for Effective Programs for Students with Autism*

Please submit your completed application to your regional CARD Site

## Contact Information

- **Florida Atlantic University CARD**

**Counties serviced include:** Counties serviced include: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie.

**Contact: Susanna Launder**

**Email:** [card@fau.edu](mailto:card@fau.edu)  
**Fax:** 561-297-2507  
**Phone:** 561-297-2023

- **Florida State University CARD**

**Counties serviced include:** Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington.

**Contact: Lereña Fleck**

**Email:** [lereña.fleck@med.fsu.edu](mailto:lereña.fleck@med.fsu.edu)  
**Fax:** 850-644-3644  
**Phone:** 850-644-4367

- **University of Central Florida CARD**

**Counties serviced include:** Brevard, Lake, Orange, Osceola, Seminole, Sumter, and Volusia.

**Contact: Terri Daly**

**Email:** [ucfcard@ucf.edu](mailto:ucfcard@ucf.edu)  
**Fax:** 407-823-6012  
**Phone:** 407-823-6011

- **University of Florida at Gainesville CARD**

**Counties serviced include:** Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Levy, Marion, Putnam, Suwannee, and Union.

**Contact: Danielle Liso**

**Email:** [liso@ufl.edu](mailto:liso@ufl.edu)  
**Fax:** 352-846-3703  
**Phone:** 352-273-0581

- **University of Florida at Jacksonville CARD**

**Counties serviced include:** Baker, Clay, Duval, Flagler, Nassau, and St. Johns.

**Contact: Katrina Ressa and Jeannie Bowles**

**Email:** [katrina.ressa@jax.ufl.edu](mailto:katrina.ressa@jax.ufl.edu)  
[jeannie.bowles@jax.ufl.edu](mailto:jeannie.bowles@jax.ufl.edu)  
**Fax:** 904 633-0751  
**Phone:** 904 633-0765

- **University of Miami CARD**

**Counties serviced include:** Broward, Dade, and Monroe.

**Contact: Jennifer Durocher**

**Email:** [card@psy.miami.edu](mailto:card@psy.miami.edu)  
**Fax:** 305-284-6555  
**Phone:** 305-284-6563

- **University of South Florida CARD**

**Counties serviced include:** Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota.

**Contact: Mindy Stevens**

**Email:** [msteven3@usf.edu](mailto:msteven3@usf.edu)  
**Fax:** 813-905-9812  
**Phone:** 813-974-2532

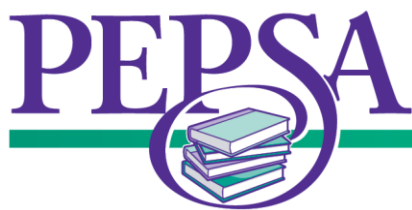


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# Partnership Information

*Partnership for Effective Programs for Students with Autism*

## I. Program Overview

The Partnership Program is funded by the Florida Department of Education, K-12 Public Schools, Bureau of Exceptional Education and Student Services was introduced to educators and schools of students with autism spectrum disorder (ASD) in 1999. As an initiative to support educators and schools' professional development and training, the Partnership Program was designed to enhance the educational program for students with ASD. As a result of the program, the Statewide Centers for Autism and Related Disabilities (CARD) have joined together with hundreds of Florida educators, providing training and technical assistance to develop and implement innovative and effective practices within educational programs for students with ASD.

Each educator or school will be matched to a Center for Autism and Related Disabilities (CARD) professional who will mentor the educator or school staff. The CARD partner will provide support, resources, technical assistance, and training that is specific to the needs identified by the educator or school.

**Participation in the Partnership Program is available for a maximum of two years, consecutively or intermittently.**

### a. First Year Partnership

#### i. The First Year School District Partner Will:

1. Develop a collaborative relationship with a CARD partner. The participating educator and CARD partner will work together toward the achievement of identified goals.
2. Assess the program currently being provided to students with ASD and identify components or practices to improve or implement.
3. Develop and implement an action plan focused on implementing innovative practices within the program provided to students with ASD.
4. Document the outcomes achieved within the Partnership Program.

#### ii. CARD Will:

1. Develop a collaborative relationship with the participating educator or school leader. The CARD partner and participating educator or school leader will work together toward the achievement of identified goals.
2. Provide assistance with the assessment of the program currently being provided to students with ASD and the identification of program components or practices to improve or implement.
3. Assist in the development of an action plan and the identification of training opportunities.
4. Assist the educator or school leader in the documentation of outcomes.

#### iii. Additional Benefits:

1. Registration fee and travel stipend to offset costs of attending Annual CARD Conference.
2. Stipend upon the completion of the program to assist the educator or school leader with expenses associated with the Partnership Program.
3. Certificate of completion to those who successfully complete the program.
4. Opportunities and support to present your work professionally.

#### iv. Required Deliverables:

1. Attend the Annual CARD Conference.
2. Provide a written description of selected project goals and intentions.
3. Develop and submit a one page abstract describing project and project outcomes.
4. Develop and submit a project PowerPoint documenting project outcomes.
5. Complete an online satisfaction questionnaire.

### b. Second Year Partnership

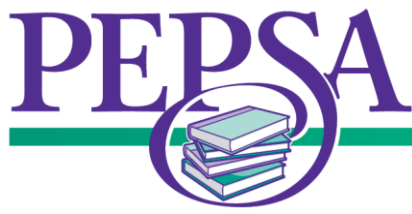
#### i. The Second Year Leadership School District Partner Will:

1. Second year leadership partners are encouraged to think about projects that extend beyond their classrooms and reach out and share innovative classroom practices to other teachers in the district.
2. Develop a collaborative relationship with a CARD partner. The participating educator and CARD partner will work together toward the achievement of identified goals.
3. Develop and implement an action plan focused on identifying and pursuing leadership roles.
4. Document the outcomes achieved within the Partnership Program.

#### ii. CARD Will:

1. Develop a collaborative relationship with the participating educator or school leader. The CARD partner and participating educator or school leader will work together toward the achievement of identified goals.
2. Provide assistance with the assessment of the program currently being provided to students with ASD and the identification of program components or practices to improve or implement.

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# Partnership Information

*Partnership for Effective Programs for Students with Autism*

3. Assist in the development of an action plan and the identification of training opportunities.
  4. Assist the educator or school leader in the documentation of outcomes.
- iii. Additional Benefits:**
1. Registration fee and travel stipend to offset costs of attending Annual CARD Conference.
  2. Stipend upon the completion of the program to assist the educator or school leader with expenses associated with the Partnership Program.
  3. Certificate of completion to those who successfully complete the program.
  4. Opportunities and support to present your work professionally.
- iv. Required Deliverables:**
1. Attend the Annual CARD Conference.
  2. Provide a written description of selected project goals and intentions.
  3. Develop and submit a one page abstract describing project and project outcomes.
  4. Develop and submit a project PowerPoint documenting project outcomes.
  5. Complete an online satisfaction questionnaire.
  6. \*\* 2nd Year Leader Partners are required to host a poster at the annual CARD Conference during their second project year.

## II. Program Eligibility

### a. First Year Applicants

- i. Applicants 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.
- ii. 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.

### b. Second Year Leadership Applicants

- i. In order to participate in the second year leadership track applicants are required to have successfully completed one year of the Partnership Program as a first year participant and must receive a nomination from their assigned CARD staff.
- ii. Applicants 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.
- iii. 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.

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