

Autism Spectrum Disorders Endorsement Support Program

Personnel Development Partnership Grant
Bureau of Exceptional Education and Student Services
Florida Department of Education



Program Description and Application Process

The purpose of the Autism Endorsement Tuition Support Program is to provide financial assistance to exceptional student education (ESE) teachers who are teaching students identified as having autism spectrum disorders (ASD) in a Florida public school.

The program provides up to \$1200 per course for tuition support through annual funding from the State Personnel Development Grant, Florida Department of Education, Bureau of Exceptional Education and Student Services under the Individuals with Disabilities Education Act, Part D.

In order to be accepted into this program, the applicant must have a Florida Educator Certificate in Exceptional Student Education, be currently employed in a Florida public school, and teach students with ASD. The applicant must enroll and register in a college or university prior to receiving tuition support for an ASD course.

Program recipients must agree to teach students identified as having ASD in a Florida public school for a minimum of one year for every six hours of tuition support received.

Application Process for Tuition Support

1. Submit the completed *Application, Verification of Employment* form signed by your current school administrator, and the *Service Obligation Agreement* to the Project Director.
2. Applications will be reviewed and eligibility for tuition support will be determined.
3. Notification of acceptance will be sent to participants via email.

Application items should be sent to:

Ms. Melanie Morales, Project Director
Florida International University
Educational & Psychological Studies
11200 South West 8th Street, ZEB 240B
Miami, Florida 33199
Fax: 305-348-4125
Email: melanie.morales@fiu.edu

Additional program information can be viewed at <http://www.florida-ese.org/asdendorsement/>.

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Application

Last Name: _____ First Name: _____ Middle: _____

Maiden Name or Previous Name (if applicable): _____

Race/Gender: _____/_____ Date of Birth: _____

Florida Educator Certificate Number: _____

Areas of certification listed on Florida Educator Certificate: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Name of university you plan to attend: _____

District Name: _____ School Name: _____

Current Teaching Assignment: _____

Disability Categories of Students in Class: _____

Number of Courses you plan to take to complete the requirements for the endorsement: _____

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Check the items below that apply and provide requested information.

- Currently, 100% of the students in my class or on my caseload are identified with an autism spectrum disorder.
- Currently, at least one student in my class or on my caseload is identified with an autism spectrum disorder.
- I am working on an autism spectrum disorders endorsement. Names of courses completed and name of university/college where courses were completed: _____

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I have read and understand the Program Description and Requirements for the Autism Endorsement Tuition Support Program. The information provided above is correct and accurate.

Signature of Applicant

Date

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Verification of Employment

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For additional information regarding this program, visit <http://www.florida-ese.org/asdendorsement>. Please contact Melanie Morales, Project Director, at 305-348-2390 or via email at melanie.morales@fiu.edu if you have questions.

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TO BE COMPLETED BY PRINCIPAL:

I verify that _____ is employed in _____.
Name of Applicant *Name of School District*

The applicant currently has

- 100% of the students in their class or on their caseload identified with an autism spectrum disorder **OR**
- at least one student in their class or on their caseload identified with an autism spectrum disorder.

Signature of School Principal

Date

*The names of all the program participants in your school district will be provided to the district exceptional student education director.

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Service Obligation Agreement

Name: _____ District: _____

The purpose of the Autism Endorsement Tuition Support Program is to provide financial assistance to exceptional student education (ESE) teachers who are teaching students identified as having autism spectrum disorders (ASD) in a Florida public school.

The program provides up to \$1200 per course for tuition support through annual funding from the State Personnel Development Grant, Florida Department of Education, Bureau of Exceptional Education and Student Services under the Individuals with Disabilities Education Act, Part D.

By accepting the financial assistance provided by this program, you agree to:

1. Register each semester per the timeframes provided by your college or university. This program will not reimburse for late registration payment or charges.
2. If necessary, withdraw from the course prior to any financial penalties. If you withdraw from the course after tuition support has been processed, you may be required to pay back the tuition prior to enrollment at a later date.
3. Earn at least a C in all courses. You must retake any course in which a D or F is earned, at your expense, in order to continue to receive support.
4. If (for a valid reason) you receive a grade of Incomplete for the semester in which you received tuition support, tuition support will not be available until that grade has changed to a C or better.
5. Report your final grade to the Project Director at the end of the semester.
6. Participate in project evaluation activities.
7. Not accept tuition support from any other funding source. The amount of this financial assistance will be reported to the financial aid department at your university or college.

Upon completion of the program, you agree to:

1. Notify the Project Director that you have completed required coursework and that you will no longer seek tuition support.
2. Provide your current address, telephone number, and email to the Project Director.
3. Apply for and send proof that the autism endorsement has been added to your Florida Professional Educator's Certificate by providing a copy to the Project Director.
4. Provide the *Verification of Employment* form at the beginning of each school year to the Project Director until the period of service obligation is fulfilled.
5. Teach students identified as having ASD in a Florida public school for a minimum of one year for every six hours of tuition support you receive. You will have up to three years to begin to fulfill your service obligation. If you decide not to teach in a Florida public school with students identified as having ASD, you may be required to pay back the funds.

I have read and accept the terms outlined above.

Signature of Applicant

Date