

**Specialized Instructional Services (SIS)  
for Voluntary Prekindergarten Children with Disabilities**  
Specified SIS Providers  
DOE Form VPK-SIS1

This form must be filled out completely, including original signature on last page. Appropriate and complete documentation (see section B. below), must accompany this form.

**A. Contact information**

Name of agency head: [Click here to enter text.](#)

Name of Contact Person: [Click here to enter text.](#) Title: [Click here to enter text.](#)

Mailing Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip Code: [Click here to enter text.](#)

Telephone Number: [Click here to enter text.](#) Fax Number: [Click here to enter text.](#)

Email address: [Click here to enter text.](#) Organization Website: [Click here to enter text.](#)

**B. Service Provided**

Please check the appropriate box below and attach documentation of the applicable credential to this form for processing.

Listening and Spoken Language Specialist™ certified by the Alexander Graham Bell Academy for Listening and Spoken Language

Board Certified Behavior Analyst certified by the Behavior Analyst Certification Board® pursuant to Rule 65G-4.0011, F.A.C.

**C. Applicant Information**

Check the category(ies) that best describes the applicant's organization:

Individual

For-profit company

Non-profit organization

Community based/faith-based organization

Institution of higher education

Other: [Click here to enter text.](#)

**D. Delivery Model and Services**

Check all that apply.

Check the group size served for each delivery model selected.

Individual services

Small group (group size two to five students per provider)

Large group (group size six to ten students per provider)

Ability to communicate languages other than English

Spanish

Haitian Creole

Other (identify): [Click here to enter text.](#)

Times offered: [Click here to enter text.](#)

Florida Department of Education  
Just Read, Florida! and the Office of Early Learning  
325 W. Gaines Street, Suite 514  
Tallahassee, FL 32399  
Toll Free: 1-866-447-1159 • [earlylearning@fldoe.org](mailto:earlylearning@fldoe.org)

### E. County/Counties to be Served

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker        | <input type="checkbox"/> Nassau     |
| <input type="checkbox"/> Bay          | <input type="checkbox"/> Okaloosa   |
| <input type="checkbox"/> Bradford     | <input type="checkbox"/> Okeechobee |
| <input type="checkbox"/> Brevard      | <input type="checkbox"/> Orange     |
| <input type="checkbox"/> Broward      | <input type="checkbox"/> Osceola    |
| <input type="checkbox"/> Calhoun      | <input type="checkbox"/> Palm Beach |
| <input type="checkbox"/> Charlotte    | <input type="checkbox"/> Pasco      |
| <input type="checkbox"/> Citrus       | <input type="checkbox"/> Pinellas   |
| <input type="checkbox"/> Clay         | <input type="checkbox"/> Polk       |
| <input type="checkbox"/> Collier      | <input type="checkbox"/> Putnam     |
| <input type="checkbox"/> Columbia     | <input type="checkbox"/> St. Johns  |
| <input type="checkbox"/> Dade         | <input type="checkbox"/> St. Lucie  |
| <input type="checkbox"/> Desoto       | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Dixie        | <input type="checkbox"/> Sarasota   |
| <input type="checkbox"/> Duval        | <input type="checkbox"/> Seminole   |
| <input type="checkbox"/> Escambia     | <input type="checkbox"/> Sumter     |
| <input type="checkbox"/> Flagler      | <input type="checkbox"/> Suwannee   |
| <input type="checkbox"/> Franklin     | <input type="checkbox"/> Taylor     |
| <input type="checkbox"/> Gadsden      | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Gilchrist    | <input type="checkbox"/> Volusia    |
| <input type="checkbox"/> Glades       | <input type="checkbox"/> Wakulla    |
| <input type="checkbox"/> Gulf         | <input type="checkbox"/> Walton     |
| <input type="checkbox"/> Hamilton     | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Hardee       |                                     |
| <input type="checkbox"/> Hendry       |                                     |
| <input type="checkbox"/> Hernando     |                                     |
| <input type="checkbox"/> Highlands    |                                     |
| <input type="checkbox"/> Hillsborough |                                     |
| <input type="checkbox"/> Holmes       |                                     |
| <input type="checkbox"/> Indian River |                                     |
| <input type="checkbox"/> Jackson      |                                     |
| <input type="checkbox"/> Jefferson    |                                     |
| <input type="checkbox"/> Lafayette    |                                     |
| <input type="checkbox"/> Lake         |                                     |
| <input type="checkbox"/> Lee          |                                     |
| <input type="checkbox"/> Leon         |                                     |
| <input type="checkbox"/> Levy         |                                     |
| <input type="checkbox"/> Liberty      |                                     |
| <input type="checkbox"/> Madison      |                                     |
| <input type="checkbox"/> Manatee      |                                     |
| <input type="checkbox"/> Marion       |                                     |
| <input type="checkbox"/> Martin       |                                     |
| <input type="checkbox"/> Monroe       |                                     |

*I, THE UNDERSIGNED, CERTIFY that all of the information provided herein is true and accurate, to the best of my knowledge. In the instance that I am signing on behalf of an organization, I am authorized to act on behalf of the organization.*

\_\_\_\_\_

**Original Signature of Applicant**

(see Notes below)

[Click here to enter text.](#)

**Date signed**

[Click here to enter text.](#)

**Printed Name**

[Click here to enter text.](#)

**Name of Agency/Company/Group**

[Click here to enter text.](#)

**Title of Signing Agent**

**Notes:**

1. Printed name and original signature must match.
2. Use blue ink for original signature.
3. "By", "for," or initials will not be accepted.
4. Rubber stamp signatures will not be accepted.

**Before sending, please ensure:**

- ✓ **DOE Form VPK-SIS1 includes an original signature in blue ink.**
- ✓ **Appropriate documentation for items required in Section B is attached.**

**Please submit DOE Form VPK-SIS1 to:**

Florida Department of Education  
Just Read, Florida! and the Office of Early Learning  
Attn: VPK-SIS Form Processing  
325 W. Gaines Street, Suite 514  
Tallahassee, FL 32399

This application will be processed within four weeks of receipt.

Florida Department of Education  
Just Read, Florida! and the Office of Early Learning  
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Tallahassee, FL 32399  
Toll Free: 1-866-447-1159 • [earlylearning@fldoe.org](mailto:earlylearning@fldoe.org)