

**Specialized Instructional Services (SIS)
for Voluntary Prekindergarten Children with Disabilities**
Other SIS Providers
DOE Form VPK-SIS2

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

Documentation of the applicable licensure or credential must be attached to this form for processing.

Please indicate the Specialized Instructional Service to be reviewed for approval, including the type of licensure or credential held: [Click here to enter text.](#)

This field must be completed.

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
- Private school
- 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.](#)

E. County/Counties to be Served

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Martin |
| <input type="checkbox"/> Bay | <input type="checkbox"/> Monroe |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Nassau |
| <input type="checkbox"/> Brevard | <input type="checkbox"/> Okaloosa |
| <input type="checkbox"/> Broward | <input type="checkbox"/> Okeechobee |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Osceola |
| <input type="checkbox"/> Citrus | <input type="checkbox"/> Palm Beach |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Pasco |
| <input type="checkbox"/> Collier | <input type="checkbox"/> Pinellas |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Dade | <input type="checkbox"/> Putnam |
| <input type="checkbox"/> Desoto | <input type="checkbox"/> St. Johns |
| <input type="checkbox"/> Dixie | <input type="checkbox"/> St. Lucie |
| <input type="checkbox"/> Duval | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Escambia | <input type="checkbox"/> Sarasota |
| <input type="checkbox"/> Flagler | <input type="checkbox"/> Seminole |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Gadsden | <input type="checkbox"/> Suwannee |
| <input type="checkbox"/> Gilchrist | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Glades | <input type="checkbox"/> Union |
| <input type="checkbox"/> Gulf | <input type="checkbox"/> Volusia |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Wakulla |
| <input type="checkbox"/> Hardee | <input type="checkbox"/> Walton |
| <input type="checkbox"/> Hendry | <input type="checkbox"/> Washington |
| <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 | |

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-SIS2 includes an original signature in blue ink.**
- ✓ **Appropriate documentation for items required in Section B is attached.**

Please submit DOE Form VPK-SIS2 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
325 W. Gaines Street, Suite 514
Tallahassee, FL 32399
Toll Free: 1-866-447-1159 • earlylearning@fldoe.org