



**STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM
SPECIALIZED INSTRUCTIONAL SERVICES
SCHEDULE OF SERVICES.**

Items 1 – 8 are completed by the early learning coalition:

- Item 1. Student's Name.** – Enter the student's full name.
- Item 2. Student's Date of Birth.** – Enter the student's date of birth.
- Item 3. Student's ID.** – Enter the last four digits of the student's identification number.
- Item 4. VPK Program Year.** – Enter the VPK SIS program year for which the student is eligible to receive specialized instructional services. And enter if the parent has selected the school-year or summer VPK SIS program. *Services may not begin prior to a signed VPK SIS Agreement between the SIS Provider and the local early learning coalition (ELC).*
- Item 5. Parent's Name.** – Enter the student's parent's name.
- Item 6. Phone Number.** – Enter the primary phone number for the parent.
- Item 7. Date of IEP.** – Enter the date of the student's current individual education plan.
- Item 8. Student's Total Available Funding.** – Enter the remaining full-time equivalent (FTE) allocation for the VPK program type in which the student will receive services.

Items 9 – 11 are completed by the parent and SIS provider:

- Item 9. SIS Provider Name.** – Enter the name of the SIS provider (organization and individual names) who will provide specialized instructional services to the student.
- Item 10. SIS Appointment Date & Time.** – Enter the date and time of the scheduled appointment when the specialized instructional service will be rendered to the student.
- Item 11. Cost for Service.** – Enter the cost charged by the SIS provider for the scheduled appointment, not to include any charges to be paid for by a funding source other than the early learning coalition (e.g., insurance).

Item 12 is completed by the early learning coalition:

Item 12. Reviewed By & Date (ELC use only). – The early learning coalition staff will review all scheduled service dates and cost for services to ensure the total does not exceed the amount listed in item 8. The early learning coalition staff must indicate the review is complete by initialing and entering the date of the review (*item 12*). If the total amount of the cost for services exceeds the student's funding amount (*item 8*), the early learning coalition staff must strike through the service to indicate that full payment is not authorized. The ELC must enter a comment on the appropriate line (*item 17*), indicating that full payment for that service is not authorized and that the parent will be responsible for the unreimbursed cost of the service if it is provided.

Items 13 – 14 are completed by the parent:

Items 13 – 14. Parent's Initials and Date SIS Received. -- The student's parent will initial item 13 and enter the date for item 14 at the time the student receives specialized instructional services This verifies that the student did not miss the scheduled appointment and received services from the SIS provider at that date and time.

Items 15 – 17 are completed by the early learning coalition:

- Item 15. Remaining Funding.** – Enter the amount of the student's funding remaining after the coalition makes a payment to the SIS provider.
- Item 16. Payment Date.** – Enter the date the coalition makes a payment to the SIS provider for services received by the student.
- Item 17. Comment.** – Enter any comments the coalition may have based on its initial or subsequent review of the SIS appointment date and time (*item 11*), cost for service (*item 11*), remaining funding (*item 15*), payment date or lack of authorization for full payment for services.



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Note: The parent of a student enrolled in the Specialized Instructional Services (SIS) program type must complete this form with all selected specialized instructional services providers. This form serves as the schedule of services and as the invoice for services which must be submitted by an SIS provider for reimbursement.

1. Student Name:	2. Student Date of Birth (mm/dd/yyyy):	3. Student ID:	4. VPK Program Year and Type:
5. Parent Name:	6. Phone Number:	7. Date of IEP (mm/dd/yyyy):	8. Student Total Available Funding: \$

By completing this form and initialing in item 13, the parent acknowledges that the student whose name appears in item 1 received SIS services on the days indicated, certifies that he/she continues to choose the identified SIS provider(s) to deliver the program, and directs that program funds be paid to the SIS provider(s) for the student. The parent also understands that the total VPK payment made on behalf of the student shall not exceed the full-time equivalent funding amount established for VPK students annually through the General Appropriations Act. The parent understands that it is his/her responsibility to be aware of the amount of funding available and understands that he/she will be responsible for the cost of any services which exceeds the total available amount of funding.

<i>The parent and SIS provider must collaborate to complete this section (items 9 - 11). The parent must then submit this completed document to the early learning coalition prior to the SIS provider offering and the student receiving services.</i>			ELC Use Only: <i>Complete upon initial review of form.</i>	<i>The parent must initial and date this section on the date services are received. The SIS provider must submit a copy of this initialed and dated form to the ELC as an invoice.</i>		ELC Use Only: <i>Complete upon receipt of initialed and dated form submitted by SIS provider for invoicing purposes.</i>		
9. SIS Provider Name (Organization and Individual)	10. SIS Appointment Date (mm/dd/yyyy) & Time	11. Cost for Service	12. Reviewed By & Date (mm/dd/yyyy)	13. Parent's Initials	14. Date SIS Received (mm/dd/yyyy)	15. Remaining Funding	16. Payment Date (mm/dd/yyyy)	17. Comments
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