



Prospective Student Application

ADMISSION PROCESS: FACE admits students of any race, color, creed, or national origin. Students must have Autism or Developmental Delay (ages 5 and under only for Developmental Delay students). Students with pervasive processing and language difficulties and with achievement scores significantly below expected grade level are especially encouraged to apply. For **ALL** applications, the following documents must be submitted **WITH** the application or the application **will not** be reviewed by the admissions committee:

- **Individualized Educational Plans (IEP's):** A copy of the **MOST RECENT** as well as a copy of the IEP for the year prior must be submitted along with the application. **WE CAN ONLY SERVE STUDENTS WHO HAVE AN (IEP).**
- **Testing:** Copies of (**private or mandated**) psychological tests/evaluations and any social work reports for the current school year and the year prior **MUST** be submitted along with the application for the current school year and the year prior.

Interview/Tour: Once the requested information (noted above) has been received, the admissions committee will review the file to determine pre-qualification to the next step in the admissions process-the on-campus family interview.

Important Notes:

1. For all items that are not applicable, please indicate it by writing "N/A" in the space provided. NOTE: **COMPLETELY FILL OUT YOUR APPLICATION, INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED!**
2. Your responses to the questions on the following pages help us determine the appropriate placement for your child within the FACE program. Your responses will not preclude your child's enrollment.
3. **If an applicant is admitted to FACE, additional documents may be required.**
4. **If an application is accepted and an applicant resides outside Hillsborough County, a waiver MUST be received from the appropriate county before the applicant can be enrolled at FACE.**
5. **Should your child not be eligible to attend FACE, you withdraw your application, or choose not to be placed on the "waiting list"; your application will be destroyed via secured shredding.**



PLEASE PRINT ALL INFORMATION

Date: _____

Present Grade: _____

Full Name of Applicant: _____
LAST FIRST MIDDLE

Date of Birth: _____
mm/dd/yy

Gender: M F

Place of Birth: _____ Social Security No.: _____ - _____ - _____

Home Address: _____
Street City, ST Zip Code

County of Residence: _____

Student lives with: _____

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Name of Parent/Guardian: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home address (if different from student): _____

Mailing address (if different from above): _____

Email address: _____

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Name of Parent/Guardian: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home address (if different from student): _____

Mailing address (if different from above): _____

Email address: _____

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How did you learn about FACE? _____

Is your child being served in an ESOL program? Yes No

Do you need an interpreter? Yes No If, yes, what language? _____



Present School Name: _____

School address: _____
Street City, ST Zip Code

Contact at present school: _____
Name Phone

Grade applying for: _____ **School Year:** _____

List ALL schools applicant previously attended:

<u>School Name</u>	<u>Address</u>	<u>Phone Number</u>

What do you hope for your child to get/achieve at FACE that your child has not been able to get/achieve in their current placement?

Has the applicant ever been retained a grade? _____ If yes, what grade? _____

Date of applicant's more recent educational diagnostic testing: _____

Diagnosis/Findings: _____

List any physical limitations of your child:

Does your child have any difficulties with vision, hearing or speech?



Has your child ever been involved with the juvenile justice system? If so, does he/she have a probation officer? Please list name and phone number.

Has your child ever been: _____ Suspended _____ Expelled _____ Withdrawn from school

Explain the circumstances: _____

Please note any family circumstances that would be helpful for us to know (i.e. special arrangements, etc.).

If applicable, please list a hobby/service/trade, you may be able to contribute to the school with as a volunteer (i.e. web design, IT, painting, etc.):

Please choose where you would prefer to volunteer:

- | | |
|---|--|
| <input type="checkbox"/> Speaker Fundraiser | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Homeroom Parent | <input type="checkbox"/> Breakfast/Lunch Service |
| <input type="checkbox"/> Bulletin Boards | <input type="checkbox"/> Garden |
| <input type="checkbox"/> Celebrations (ceremonies, birthdays, etc.) | <input type="checkbox"/> Music |
| <input type="checkbox"/> Parent Teacher Organization (PTO) | <input type="checkbox"/> Arts/Crafts |
| <input type="checkbox"/> Share skills with students | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Obtaining community or business donations | <input type="checkbox"/> Field Day |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Fall Festival |

**** FACE volunteers are required to submit a Volunteer Application and employer/criminal background check. Specifics on the volunteer requirements are available in the Parent/Student handbook.**

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HOW WOULD YOU DESCRIBE YOUR CHILD? (Check all that apply)

Reading

Does your child:

- Have difficulty sounding out words
- Have difficulty reading quickly and easily
- Have difficulty understanding words they read
- Have difficulty answering literal comprehension questions (answers that can be found directly in the story)
- Have difficulty answering inferential comprehension questions (answers where you have to “put the pieces together”)
- Enjoy reading books independently
- Enjoy listening to stories

Other comments: _____

Writing

Does your child:

- Have poor/illegible handwriting
- Have poor pencil grip
- Dislike the act of handwriting (tires easily, complains of pain, etc.)
- Have poor spelling
- Have difficulty planning what to write/come up with ideas
- Have difficulty with organizing ideas
- Have difficulty elaborating (writes simple sentences)
- Have difficulty with conventions (capitalization, punctuation)
- Enjoy creative writing

Other comments: _____

Math

Does your child:

- Have difficulty completing computation without the use of a calculator
 - Addition
 - Subtraction
 - Multiplication
 - Division
- Have difficulty with money recognition (ex. a quarter is 25 cents)
- Have difficulty counting/combining money (ex. 3 dimes is 30 cents)
- Have difficulty with time
 - Telling time
 - Determining how much time has passed
- Have difficulty with geometry
 - 2D shape recognition
 - 3D shape recognition
- Have difficulty with measurements
 - Using a ruler
 - Recognizing units of measurement
- Have difficulty with algebraic concepts
 - Using order of operations
 - Solving equations
- Have difficulty solving word problems
- Read and interpret charts and graphs
- Enjoy math

Other comments: _____

Social Emotional

Does your child:

- Have many friends
- Have difficulty with peer relations
 - Isolates themselves
 - Difficulty working in groups
- Have difficulty with conflict resolution
 - Argues with Peers
 - Enter/initiates fights
 - Uses inappropriate language
 - Teases others
- Have difficulty handling disappointment.
 - Inappropriate outbursts
 - Temper tantrums
- Have difficulty with adult relationships
 - Argues with adults
 - Defies adults
 - Uses inappropriate language
- Have difficulty self-advocating
 - Asking for assistance
 - Stating his/her needs
- Engage in aggression to others

If so, what does this look like? Kicking Hitting Other (describe) _____

- Engage in property destruction
- Engage in self-injurious behaviors
- Perseverate on topics. Explain _____

- Have concerns that may warrant counseling. Explain _____

Do they currently have a BIP (Behavior Intervention Plan) in the school system? Yes No **If so, this MUST be submitted with the application and IEP.**

Do they currently have a **BIP from a private BCBA?** Yes No
While it is not required to submit behavior plans from private therapists, it can be beneficial in providing us information about your child.

Other comments: _____

Independent Functioning

Does your child:

- Have difficulty completing work independently
 - Due to ability
 - Due to motivation
 - Due to difficulty with focus
- Require prompting to pay attention when given directions
- Have difficulty handling changes in routine
- Have difficulty with time management
 - Have difficulty completing work on time
 - Have difficulty turning in work/papers on time
 - Getting to places on time
 - Taking a long time to complete simple tasks
- Have difficulty with memory
 - Short term
 - Long term
- Processing difficulties
 - Visual
 - Auditory
- Test taking skills
 - Studying for test
 - Taking tests
 - Test anxiety
- Organization
 - Using planner as an organization tool
 - Putting things where they belong
 - Getting planner/forms signed
- Special accommodations (ex. Sensory, handwriting, hearing or vision, etc.)

Communication

Receptive Language

Does your child:

- Have difficulty understanding grade/age appropriate vocabulary
- Have difficulty understanding what she/he is told to do/requires repetition
 - One step directions
 - Multi-step directions

Expressive Language

Does your child:

- Have difficulty using grade/age appropriate vocabulary when speaking
- Have difficulty finding the right words quickly and easily to express themselves
- Have difficulty expressing thoughts/ideas in complete sentences (ex. Uses fragments or one word responses)
- Have difficulty using correct grammar when speaking
- Use PECs
 - Use a device (I-pad, dynovox, etc.) for communication? Yes No If yes, is this privately provided or provided through the current school district? _____

Pragmatic Language

Does your child:

- Have difficulty interpreting the feelings of others
 - Recognizing facial expressions
 - Recognizing body language
 - Demonstrating empathy
- Have difficulty with humor
 - Using humor appropriately
 - Understanding humor



- Difficulty selecting age appropriate topics for discussion
- Difficulty participating in the give and take of conversation
- Difficulty using appropriate volume/rate
 - Too soft Too loud Too fast Too slow
- Difficulty speaking to adults differently than peers
- Difficulty maintaining eye contact

Other

How does your child best learn?

- Visually Auditory Hands-on

What are your child's hobbies/interests? _____

ENROLLMENT AGREEMENT:

I desire to enter my son/daughter at the Florida Autism Center of Excellence, subject to eligibility and availability for placement. I understand that FACE reserves the right to place a student at the academic level and in courses it determines best meet individual student needs.

Signature of parent/guardian: _____ Date: _____

Relationship to applicant: _____

FACE Acceptance Process: If it is deemed the student is eligible under the school's Charter, the applicants will be notified of their acceptance or non-acceptance. All eligible students will be enrolled unless the number of applications exceeds the capacity of a program, class, grade level, or building. When all original slots are full, a "waiting list" will be created and all applicants shall have an equal chance of being admitted through a random selection process. Eligible applicants will be placed in a lottery based on grade level openings and class size reduction requirements. Applicants will be picked until all available seats are filled.

Mail, Email, Facsimile or Hand Deliver to:

Florida Autism Center of Excellence
Attention: Enrollment Specialist
6310 E. Sligh Ave.
Tampa, FL 33617
Phone: (813) 985-3223
Facsimile: (813) 985-3199
Email: Enrollment@faceprogram.org

Please call if you would like to schedule a tour or speak with the Enrollment Specialist.