



Department
of Education

John R. Kasich, Governor
Stan Heffner, Interim Superintendent of Public Instruction

Autism Scholarship Program

Continuation Application/Affidavit

2011-2012

**THE AUTISM SCHOLARSHIP PROGRAM
CONTINUATION APPLICATION/AFFIDAVIT INSTRUCTIONS**

1. Enter the full name of the child. (You must complete a separate application/affidavit for each eligible child.)
2. Enter the date of birth for your child including month/day/year.
3. Enter the **parent's** full name of the. Please check Mr., Mrs. or Ms.
4. Enter the **parent's** home address.
5. Enter the **parent's** home telephone number, cell phone number and work telephone number.
6. Enter the **parent's** e-mail address (if available).
7. Enter the name of the child's **school district of residence (not the name of the school building)**. Also, enter the **county** where the school district is located.
8. Enter the name of the private provider(s) or public provider who will implement your child's Individualized Education Program (IEP). **(The private provider/agency or self-employed individual you have selected must be an approved/registered provider with the Ohio Department of Education.)**

Applications will not be approved if a provider has not been listed; or if the provider(s) have not been approved and registered with the Ohio Department of Education, Office for Exceptional Children (ODE/OEC).

9. **THE PARENTAL CONSENT FORM** must be **SIGNED, COPIED** and submitted to the **SCHOOL DISTRICT OF RESIDENCE, YOUR APPROVED, REGISTERED PRIVATE PROVIDER (s) and to the OHIO DEPARTMENT OF EDUCATION, AUTISM SCHOLARSHIP PROGRAM.**
10. **CONTINUATION YEAR PARENT AFFIDAVIT FORM** must be signed by the parent in front of a notary public. Applications submitted without this form **will not be approved**. Applications submitted without this form being notarized **will not be approved**.

Direct questions regarding the Autism Scholarship Program application process to the Ohio Department of Education, Toll Free number: 1-877- 644-6338.

SUBMIT THIS APPLICATION TO:

**AUTISM SCHOLARSHIP PROGRAM
OHIO DEPARTMENT OF EDUCATION
OFFICE FOR EXCEPTIONAL CHILDREN
25 SOUTH FRONT STREET
MAIL STOP #203
COLUMBUS, OHIO 43215-4183**

**AUTISM SCHOLARSHIP PROGRAM
2011-2012 CONTINUATION APPLICATION/AFFIDAVIT**

Child's Name: _____ Date of Birth: ____ / ____ / ____

School District of Residence: _____ County: _____

The parent applicant _____ swears or affirms:
(Print Parent Name)

- My child continues to be identified as a child with a disability, by the school district of residence's evaluation team, under the category of autism as specified in the Individuals with Disabilities Education Act (IDEA), **OR**
- My child has been identified as having a "pervasive developmental disorder – not otherwise specified (PDD-NOS)" and shall be considered to be an autistic child for purposes of Section 3310.41 of the Ohio Revised Code.
(A copy of this identification is maintained on file at the school district of residence.)
- My child is eligible for special education services for the current 2011-2012 school year.
- My child's current Individualized Education Program (IEP) is finalized and all parties, including myself are in agreement with the IEP.
- There are no administrative or judicial mediations or proceedings pending with respect to my child's IEP.
- I continue to be a resident of the school district that wrote my child's most current IEP.

(Please notify the Ohio Department of Education immediately and in writing, if your child's school district of residence has changed)

(Parent Signature)

(Date)

Sworn to or affirmed before me and signed in my presence this ____ day of _____, _____

(Notary Public)

My Commission Expires: ____ / ____ / ____

**AUTISM SCHOLARSHIP PROGRAM
2011-2012**

Please type or print all information using blue or black ink
Parent submits original to District of Residence and copies to ODE and Registered Private Provider (s)

PARENTAL CONSENT FORM

I _____ give my permission for:

1. My school district of residence _____, located in _____ County, to release the following records to my approved registered private provider, who will be implementing my child's Individualized Education Program (IEP):

- **The current agreed upon IEP;**
- **The Evaluation Team Report (ETR) of the current Evaluation;**
- **Progress and interim reports from the previous school year; and**
- **The previous year's IEP.**

(Parent: Send only the current agreed upon IEP to the Department of Education. PLEASE DO NOT send the other documents listed above to the Ohio Department of Education)

2. The approved registered private provider (s) _____, _____ to release to the school district listed above the following records:

- **Progress reports for my child;**

and to the Ohio Department of Education:

- **Completed statement of cost forms for my child; and for**

3. The school district listed above to release to the Ohio Department of Education the following record:

- **A completed district assurance form for my child; and for**

4. The Ohio Department of Education, if requested, to release to the school district listed above the following record:

- **Completed Statement of Cost forms for my child.**

(Print Student Name)

DOB ____/____/____

(Parent Printed Name)

(Parent Signature)

(Date)

THE PARENTAL CONSENT FORM must be SIGNED, COPIED and submitted to the SCHOOL DISTRICT OF RESIDENCE, YOUR APPROVED REGISTERED PRIVATE PROVIDER (s) and to the OHIO DEPARTMENT OF EDUCATION, AUTISM SCHOLARSHIP PROGRAM.