



MIAMI-DADE COUNTY PUBLIC SCHOOLS
APPLICATION FOR PUBLIC-PRIVATE COLLABORATION
 (One Application Per Provider)

Initial Application Revision Request Annual Renewal

Student's Name

Student ID #

Date of Birth

Current School

Current Grade

Primary Exceptionality

Individual Educational Plan (IEP) 504 Plan Date of most recent Plan: _____

I request that the following private service provider be allowed to provide the following service(s) for my child:

Consultation Collaboration Observation Direct Service

Requested Day(s): Monday Tuesday Wednesday Thursday Friday

Requested Time(s): Start: _____ End: _____ Requested Location(s): _____

Description of Service(s) Requested: _____

Number of Goals to be addressed by Private Service Provider: _____

Name of Company

Address

Company Telephone Number

Private Provider's Name, Title

Private Provider's Telephone Number

Private Provider's E-Mail

This private service provider holds the following credential(s):

- Board Certified Behavior Analyst (BCBA) certified to provide Applied Behavior Analysis services under F.S. §393.17; or chapter 490 or 491
 - Board Certified Assistant Behavior Analyst (BCaBA) supervised by a BCBA
 - Registered Behavior Technician supervised by a BCBA or BCaBA
- Speech-Language Pathologist, licensed under F.S §468.1185
- Occupational Therapists, licensed under Part III of F.S §468
- Physical Therapist, licensed under F.S chapter 486
- Psychologist, licensed under F.S chapter 490
- Clinical Social Workers, licensed under F.S chapter 491

Print Parent's Name

Parent's Signature

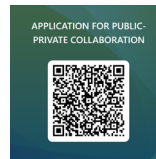
Parent's Phone

Parent's E-mail

To be completed by School Administration

Application Verification

- Application for Public-Private Collaboration FM-7514
- Signed Confidentiality/Indemnification Agreement FM-7515
- Signed Consent for Mutual Exchange FM-2128
- Documentation of Licensure/Certification
 Date Issued: _____ Date of Expiration: _____
- Documentation of Level II Clearance
- Information Uploaded to ESE Support Link: <https://forms.office.com/r/hZSs3z5kWX>
- Copy of Behavior Intervention Plan and Procedures, if applicable



Received

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Application Approval

Approved Date: _____ Denied Date and Reason: _____

Approved Day(s): Monday Tuesday Wednesday Thursday Friday

Approved Time(s): _____

Administrator Name/Designee: _____ Signature: _____