

# Announcement of Opportunity for Participation in Arizona Statewide Early Childhood/K-3 Autism Project (AzSECAP)

*An Innovative Project in Cooperation with  
Arizona Department of Education, Early Childhood Education Unit  
Exceptional Student Services & STAR® Autism Support*



To meet the needs of young children with Autism Spectrum Disorders (ASD)

***LEARN EVIDENCE-BASED STRATEGIES*** for young children with ASD

***GAIN*** valuable resources for implementing a ***COMPREHENSIVE EARLY LEARNING CURRICULUM***

***INTEGRATE*** inclusive practices with ***PROVEN EFFECTIVE INSTRUCTIONAL STRATEGIES***

**Application Deadline: 5/30/14**

Return the attached application to:

ECEInBox@azed.gov

**You are invited** to participate in an innovative project during the 2014 - 2015 school year designed to increase early childhood/K-3 school district team's capacity to work effectively with children with Autism Spectrum Disorders (ASDs) during the critical years of brain and behavior development.

**Participants will consist of up to 10 members from Local Education Agency teams.**

**One elementary and one pre-K site should be represented, including at least:**

- one administrator
- one early childhood special education teacher
- one K-3 special education teacher
- one general education teacher
- one related service provider
- two teaching assistants or paraprofessional (one from each selected pre-K or elementary site)

Participating teams will learn effective instructional strategies for teaching students with ASDs in a high quality early learning environment. Teams are encouraged to identify a related service staff or special education teacher designated as a "district coach" to increase capacity of districts for sustainability of the project.

**Professional development will include the following:**

- *3-day workshop for background and a strong emphasis on evidence-based teaching strategies and practices for children with ASD.*
- *4 visits of individualized on-site coaching and support (8 total days)*
- *1-day collaboration and transition consultation workshop*

**Each LEA team of 10 members will also receive two sets of the following free materials:**

- *STAR Program Combination Kits*
- *DT Essentials Reinforcement Kit*
- *Routine Essentials Visual Package*
- *Extensive resources and support materials*

**The Local Education Agency's responsibilities include:**

- A commitment to participate in the entirety of the project.
- *Hiring of substitute teachers and payment of travel expenses for team members.*
- *\$4500.00 (this is a partial contribution to cover the cost of the project). Please note: this monetary contribution can be written into IDEA Grant applications and will be approved by the ADE.*

Applications will be reviewed by committee based on submission date, geographical location, number of students with ASD, number of students with ASD being served and demonstrated needs. Districts are encouraged to apply even if they were previously part of the project as an Early Childhood Team.

## **Training to be Provided by STAR® Autism Support**

STAR® Autism Support has extensive experience providing school districts effective tools to implement evidence-based strategies and to train and coach school teams in these strategies. SAS provides workshops, training and support to school districts throughout the United States, Canada and Europe. SAS has successfully collaborated with school districts, private agencies, parents and the broader community to implement successful programs for children with autism.



The STAR Program is a comprehensive behavioral program that incorporates the applied behavior analysis strategies of: Discrete Trial Training, Pivotal Response Training and Teaching Functional Routines. STAR also promotes the use of positive behavior interventions, environmental supports (visual supports, visual schedules, etc) in inclusive and self-contained settings.

## Eligibility to Participate:

1. Be a state funded early childhood site and/or K-3 school program working with children with ASD's (either diagnosed or suspected).
2. Come as a School Team (as previously specified) with a commitment to full participation in the project.
3. Team will agree to mandatory attendance at a 3 day workshop and 4 follow up coaching visits and one district workshop.
4. Team will agree to provide feedback/evaluation on training and program implementation, as well as complete a pre-training and post-training competency self-checklist.

## Complete the following application and participation agreement

### APPLICATION

School District: \_\_\_\_\_ Urban | Suburban | Rural | Tribal

Name of Nominated Site #1: \_\_\_\_\_

Name of Nominated Site #2: \_\_\_\_\_

Administrator/Director: \_\_\_\_\_

Administrator/Director Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Number of students identified or suspected of having ASD in the district \_\_\_\_\_

Number of students with ASD that the team is currently working with \_\_\_\_\_

Types of classrooms children with ASD are served

self-contained cross categorical

self-contained with peer models

inclusive settings (e.g. Head Start, General Education Classrooms, et. al.)

specialized classroom for children with autism

Identified Team Members:

Name	Position	Email Address
------	----------	---------------

Name	Position	Email Address
------	----------	---------------

Name	Position	Email Address
------	----------	---------------

Name	Position	Email Address
------	----------	---------------

Name	Position	Email Address
------	----------	---------------

Name	Position	Email Address
------	----------	---------------

Name	Position	Email Address

Lead Contact LEA Team: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please describe your program's current services for students with ASD, including what settings your students with ASD are served in (.e.g. cross categorical classroom, self-contained autism classroom, general education classrooms/inclusive).

---

---

---

---

---

---

---

---

---

---

Explain why your district needs this professional development for students with ASD.

---

---

---

---

---

---

---

---

---

---

### ***Preferred Workshop Dates***

(this three day initial training will be held in the Phoenix area)

Please rank possible dates (1-4, with 1 being the most desirable) for the initial three day training. ADE will notify you which date you were assigned to attend.

- \_\_\_ July 21, 22, 23
- \_\_\_ September 9, 10, 11
- \_\_\_ November 4, 5, 6
- \_\_\_ January 15, 16, 17

# PARTICIPATION AGREEMENT

\_\_\_\_\_ agrees to provide School Team as identified in the application  
*Admin Initials*                      *Name of School District* for the entirety of the project.

\_\_\_\_\_ Our school district agrees to send the identified Team to the three day professional  
*Admin Initials* development event. Team members also agree to and will be available for all on-site coaching days.

\_\_\_\_\_ As a director of the school district named above, I have informed the chosen Team of the  
mandatory three days of professional development and additional professional development/on-site coaching at dates to be determined.

\_\_\_\_\_ As part of this collaborative effort, professional development, materials and on-site  
*Admin Initials* coaching will be provided at minimal cost to the Districts who participate. The District's responsibilities include the School Team's commitment to participate in the entirety of the project, the District hiring of substitute teacher and payment of travel expenses for team members and a contribution of \$4500.00 (which can come from IDEA grant funds).

\_\_\_\_\_  
*Name of Administrator*

\_\_\_\_\_  
*Signature of Administrator*

\_\_\_\_\_  
*Date Signed*