



# El Dorado County Office of Education

## AASE-Autism Program Application

Please submit your application with all required documents to the Special Services Department at the address below by mail or fax (530-621-1397). If your transcripts have been evaluated by another AASE – Autism program, please include their evaluation of credits with this application.

Your application and documentation will be reviewed and you will be notified regarding required enrollment, equivalences granted, and the cost of the courses.

Vicki L. Barber, Ed.D.  
*Superintendent*

Terena Mendonca  
*Deputy Superintendent*

Jeremy Meyers  
*Associate Superintendent*

### County Board of Education

*Dolores Garcia*

*John Lane*

*Matt Boyer*

*Gene Rasmussen*

*Heidi Weiland*

### 1. PERSONAL INFORMATION

First name \_\_\_\_\_ Middle Initial \_\_\_\_ Last name \_\_\_\_\_

Maiden or prior last name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

e-mail address: \_\_\_\_\_

### 2. DOCUMENTS REQUIRED WITH APPLICATION (a, b, c are required of everyone, d is optional as appropriate):

- a. Copy of current Education Specialist Credential (CTC website copy is acceptable).
- b. Transcripts from teacher preparation program (any clean/clear copy is acceptable).
- c. Letter from your Director/Administrator stating your district is supportive of you taking these classes.
- d. If applicable, verification of any autism training already completed (certificate or letter is acceptable, but must include workshop title and number of hours).

### 3. EMPLOYMENT

District (full name please, no abbreviations) \_\_\_\_\_

School (full name please) \_\_\_\_\_ City: \_\_\_\_\_

Current teaching assignment (job title): \_\_\_\_\_

I am applying for an Added Authorization in Special Education – Autism because I know I need or will need this authorization. My current credential does not include the authorization to teach students with autism. I understand EDCOE is not responsible for informing me and/or knowing whether I need the authorization or not.

Signature \_\_\_\_\_ Date \_\_\_\_\_

530-622-7130  
FAX 530-621-2543

e-mail: info@edcoe.org

6767 Green Valley Road  
Placerville, CA 95667-8984

*An Equal Opportunity Employer*

*Commitment to serving  
our clients with Respect,  
Responsiveness and  
Resourcefulness*