



# ANNA FOUNDATION FOR INCLUSIVE EDUCATION

The goal of AFFIE is to provide students with developmental disabilities educational enhancements to ensure success in inclusive settings. The student applicant must be in an inclusive setting in her/his home district to be eligible for services.

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Are you currently receiving services from AFFIE?: Y / N

School District: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Classification: \_\_\_\_\_ Inclusive Setting: Y / N  
Special Services Case Mgr: \_\_\_\_\_ Phone: \_\_\_\_\_  
Special Services Director: \_\_\_\_\_ Phone: \_\_\_\_\_  
School Principal: \_\_\_\_\_ Phone: \_\_\_\_\_  
Tutoring Subject(s): \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Calendar Year: \_\_\_\_\_ Jan-Mar \_\_\_\_\_ Apr-Jun \_\_\_\_\_ Jul-Sep \_\_\_\_\_ Oct-Dec \_\_\_\_\_  
Does AFFIE need to help locate a tutor?: Y / N  
Tutor requested: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Has this tutor accepted assignment?: Y / N Copy of child's IEP attached?: Y / N



Tutors must be NJ certified teachers.

We suggest asking your child's current teacher or a teacher that has worked with your child recently.

By signing this application, I authorize AFFIE to speak with my child's tutor and/or Child Study Team. I understand that AFFIE will contact me prior to discussing my child with his/her tutor or CST and that discussions with these professionals are for academic purposes only.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

Person completing form (if different from above):  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

<b>For AFFIE use only</b>			
Date Received/Postmarked: _____			
Tutor assigned: _____			
Calendar Year: _____		Quarter: _____	
Approved: Y / N		# hours/wk: _____	
Total : _____		Init: _____	
If no, reason: Funding availability Tutor availability Inclusion eligibility			

The Anna Foundation For Inclusive Education is a non-profit organization providing educational enhancement services to bolster the success of the inclusive education experience for differently-abled children in Southern New Jersey.  
Our Tax ID# is 200-699808

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