



SUCCESSful Training for Autism: An Interprofessional Collaborative Fellowship Application 2024

Lead Applicant Information:

This will be the main point of contact for the learning team. They may be a part of the program as a participant as well. The lead will be responsible for sharing communication with the rest of the team. Please use your most versatile contact information.

Name:	
Email:	Phone:
Position within the Agency/District:	

Agency/District Information:

Please provide your agency/district's contact information. Verify that you can provide and attach support from your agency or district that they will support your endeavors to learn more about The S.U.C.C.E.S.S. Approach^(SM).

Agency/District Name:
Location of the Agency/District:
Name of the Team's Immediate Supervisor:
Title of the Team's Immediate Supervisor:
Supervisor's Email:
Phone:

Briefly, tell us about your agency/district's approach or primary model to working with those diagnosed with Autism Spectrum Disorder.

In your assessment, would your agency/district be willing to submit a letter of support for your team outlining the ways in which they might accommodate your learning to better enhance the agency/district? (Please ensure that the letter is signed on official letterhead, and attached to this application.)

Yes

No

If no, why?



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Learning Team Information:

Please use the space below to introduce us to your learning team that will represent the areas of education, occupational therapy, speech, and psychology. Please use the most accessible contact information available. Be prepared to answer questions within the essay about direct experience working with the Autism community. Please attach your current resumes when submitting this application.

General/Special Education	Occupational Therapy	Speech	Psychology/ Guidance/ Counseling
Name:	Name:	Name:	Name:
Email:	Email:	Email:	Email:
Phone Number:	Phone Number:	Phone Number:	Phone Number:
Title within A/D:	Title within the A/D:	Title within the A/D:	Title within the A/D:
Degrees/Certifications	Degrees/Certifications	Degrees/Certifications	Degrees/Certifications
Current Experience with ASD?	Current Experience with ASD?	Current Experience with ASD?	Current Experience with ASD?
Yes. No.	Yes. No.	Yes. No.	Yes. No.
How Long?	How Long?	How Long?	How Long?

Essay Questions:

As a team, submit the answers to the following questions. Please keep your answers to 500 words or less for each question.



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1. Describe how the history of Autism has changed over the years. Use each member's discipline-specific witness to this change over the course of their personal career.



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2. What would you say is the current best practice intervention for Autism within each discipline represented on your team? How is this best practice communicated among your team members? How are you applying this best practice across your team? How do each of you feel that these best practice models are working in your particular setting/practice?



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3. If your team was asked to design a best-practice Autism model to improve therapeutic, educational, and/or functional outcomes for individuals with Autism you serve, what would the model be and why would it qualify as best-practice?