

# Miami-Dade County Public Schools

*giving our students the world*

**Superintendent of Schools**  
**Alberto M. Carvalho**

**Miami-Dade County School Board**  
**Dr. Solomon C. Stinson, Chair**  
**Dr. Marta Pérez, Vice Chair**  
**Agustin J. Barrera**  
**Renier Diaz de la Portilla**  
**Dr. Lawrence S. Feldman**  
**Perla Tabares Hantman**  
**Dr. Wilbert "Tee" Holloway**  
**Dr. Martin Karp**  
**Ana Rivas Logan**

Dear Parents,

One educational placement option offered through Miami-Dade County Public Schools is our LEAP (**L**earning **E**xperiences: **A**n **A**lternative Program for Preschoolers and Parents) replication preschool classroom. LEAP is an evidence-based, inclusive preschool model for 4 students with autism spectrum disorder and 6-8 typically developing preschoolers. Miami-Dade County Public Schools currently offers the LEAP model in 12 classrooms. Classes operate half-day sessions (8:15 a.m. - 10:45 a.m. or 11:30 a.m. - 2:00 p.m.) and focus on the core deficit areas associated with autism; primarily social skill and language development.

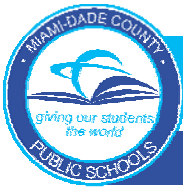
The essential components of the LEAP classroom are:

- ❖ classroom organization and management,
- ❖ utilization of a developmentally appropriate curriculum,
- ❖ implementation of naturalistic teaching strategies,
- ❖ individualized instruction and ongoing monitoring of progress,
- ❖ positive behavior support,
- ❖ peer-mediated social skills instruction,
- ❖ language and communication development, and
- ❖ parent skill training.

As the name implies, it is a program for preschoolers and **parents** and your involvement is required to achieve the greatest possible outcomes for your child. As such, placement in a LEAP classroom for your child also includes an agreement on your part to participate in the parent training and support component offered by the district and your agreement to work with your child 12-15 hours a week to support the classroom and your child.

If you are unable to commit to this, we have many other program options available for your child, and the staffing specialist will guide you in finding an appropriate program.

Thank you,



# Miami-Dade County Public Schools

*giving our students the world*

**Superintendent of Schools**  
**Alberto M. Carvalho**

**Miami-Dade County School Board**  
*Dr. Solomon C. Stinson, Chair*  
*Dr. Marta Pérez, Vice Chair*  
*Agustin J. Barrera*  
*Renier Diaz de la Portilla*  
*Dr. Lawrence S. Feldman*  
*Perla Tabares Hantman*  
*Dr. Wilbert "Tee" Holloway*  
*Dr. Martin Karp*  
*Ana Rivas Logen*

I agree to participate in one of the following modes of parent training:

\_\_\_ Attending the parent skills training program, Positive Parenting Practices, for 9 weeks (These are offered in the day and evening, in the north and the south, and in English and Spanish).

**OR**

\_\_\_ Completing the Positive Parenting Practices modules at home with telephone and/or e-mail support.

\*\* \*\*

In addition, please choose all that apply for additional modes of parent involvement.

- \_\_\_ Attending monthly parent support group meetings.
- \_\_\_ Attending monthly afternoon meetings with the teacher.
- \_\_\_ Reading home packets and completing the assignments.
- \_\_\_ Other (Write in suggestion).\_\_\_\_\_

By signing this paper, I am agreeing to participate in one of the parent training component(s) above and to work with my child for 12-15 hours a week at home.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_