



Wisconsin-Upper Michigan Kiwanis District  
Autism Project

# Autism Spectrum iPad & App Grant Application

To be completed by the child's parent or guardian:

Parent/Guardian Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Child's Grade in School \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

I verify that my child has a medical or educational diagnosis of Autism Spectrum Disorder (ASD) (initial here): \_\_\_\_\_

Do you qualify for free or reduced-price meal benefits (used to determine financial need)? \_\_\_\_\_

I hereby give permission to share contact information and details of my child's educational needs with representatives of the Wisconsin-Upper Michigan Kiwanis District. This information will not be shared with anyone outside of the scope of this grant.

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

To be completed by the child's autism consultant or special education teacher (see instructions): Recommendation: | iPad | iPad Mini

Recommended Software App(s) \_\_\_\_\_

Autism Consultant/Special Education Teacher Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

Please return completed form to:

Kiwanis Project on Autism c/o Sheboygan Falls Kiwanis Club, PO Box 42, Sheboygan Falls, WI 53085

For Kiwanis Use Only: \_\_\_\_\_ Date \_\_\_\_\_

Kiwanis Club \_\_\_\_\_ Cost of iPad and Protective Case \_\_\_\_\_

Kiwanis Contact \_\_\_\_\_ Cost of Recommended App \_\_\_\_\_

Notes \_\_\_\_\_ Total Grant Request \_\_\_\_\_

| Copy to Autism Committee Chair | Copy to Lynn Messer | Copy to KDF | Copy to Kiwanis Club

[www.kiwanisautismproject.com](http://www.kiwanisautismproject.com)



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## Important Instructions for Autism/ Special Education Professionals

Thank you for partnering with the Wisconsin-Upper Michigan Kiwanis District and Autism Project Committee to assist children with Autism Spectrum Disorder in Wisconsin and Michigan's Upper Peninsula.

Because it is cost prohibitive to fund the purchase of an iPad, protective case and software for every child on the Autism Spectrum who could potentially benefit from the technology, the project committee would like to share criteria by special education teachers which we feel would be helpful in narrowing the scope of this project.

Please take these 3 things into consideration when choosing the child(ren) who you will recommend to receive a technology grant.

- a) Does the child function at a high enough cognitive level to benefit from the use of an iPad and software app(s)?
- b) Does the child have a strong family support system? In other words, will the child's family take the time to learn how to maximize the benefits of the software app(s) and work with the child at home using the technology? If the answer is no, please do not make the grant recommendation. At that point it would just be a very expensive toy and another child who might benefit would go without.
- c) We ask the parents to indicate if they are eligible to receive free or reduced price lunches, which gives us an idea of financial need. We do realize, however, that oftentimes the out-of-pocket expenses of a special needs child are a burden on families whose incomes do not fall below the benchmark for free or reduced price lunches. We therefore ask you to consider this when making a grant recommendation.

To ensure that each child receiving this technology grant is maximizing the potential value of the iPad and software app(s), the Governor's Project Committee is relying on the autism consultant or special education teacher who works directly with the child to make important recommendations.

We request that you use your knowledge of working with this child and expertise in the field of autism spectrum disorder to:

- a) Recommend the iPad or the iPad Mini. Please consider which size would be best suited for the child. If the child would benefit equally from using either iPad, please recommend the iPad Mini, which will allow us to serve more children because of the reduced price of the smaller iPad.
- b) Recommend software app(s) specifically chosen for the applicant. Please be specific. Instructions such as "any and all autism-related apps" are not helpful to us because there are well over 600 apps available. You know this child best, and we are counting on your input to choose the best software apps available to assist the applicant.
- c) Assist the family with setting up an iTunes account and downloading the recommended software app(s), teaching them, if necessary, how to download other app(s) in the future. An iTunes gift card will be provided with the iPad.

Thank you for your assistance in serving the children of Wisconsin and Upper Michigan!

[www.kiwanisautismproject.com](http://www.kiwanisautismproject.com)