



# CENTER FOR AUTISM AND RELATED DISABILITIES

UNIVERSITY AT ALBANY State University of New York

## Autism Training Initiative Application

### General Information

School District	
County	
Person Making Request, Position	
Mailing Address	
Phone	
Fax	
Email	

### Demographic Information

Total School District Enrollment	
% of students eligible for free or reduced lunch	
% of students in each ethnic category	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian or Native Hawaiian Islanders/ Other Pacific Islander <input type="checkbox"/> White
Number of students classified with a disability	
Number of students classified with an autism spectrum disorder	

### Training Information

Please review the training descriptions, and mark which training you are interested in receiving:	
<input type="checkbox"/>	Positive Behavior Support
<input type="checkbox"/>	Instructional Activities and Methods
<input type="checkbox"/>	Building Social Interaction Skills

<b>Please RANK your top 2 preferred start dates. Due to the high demand for this training series, applications will be reviewed, ranked, and scheduled according to availability of dates.</b>	
<input type="checkbox"/> November 2008	<input type="checkbox"/> February 2009
<input type="checkbox"/> December 2008	<input type="checkbox"/> March 2009
<input type="checkbox"/> January 2009	<input type="checkbox"/> April 2009

