



# CENTER FOR AUTISM AND RELATED DISABILITIES

UNIVERSITY AT ALBANY  
State University of New York

## School Consultation Project Initial 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<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Asian or Native Hawaiian Islanders/ Other Pacific Islander<br><input type="checkbox"/> White |
| Number of students classified with a disability                |   |
| Number of students classified with an autism spectrum disorder |   |

|   |  |
|---|--|
| <b>When would your district be available to begin this project? (Please choose 2)</b> |  |
| <input type="checkbox"/> October 2009   | <input type="checkbox"/> January 2009  |
| <input type="checkbox"/> November 2009  | <input type="checkbox"/> February 2009 |

Please return the completed application to  
the Center for Autism and Related Disabilities  
at the address below:

College of Arts and Sciences • Department of Psychology  
1535 Western Ave. • Albany, NY 12203  
(866) 442-2574 toll free • (518) 442-2574 phone • (518) 442-4834 fax