

Children's Hospital & Health Center
Child & Adolescent Services Research
Center

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Examining Practice Patterns for Children with Autism

If your district/program is interested in participating in this project, please complete this form and fax it to Dr. Aubyn Stahmer at (858) 966-7704. We will contact you to answer any questions you have about the project and to discuss the specifics of participation. Completing this form in no way obligates you or your program to participate in the project. We would be happy to comply with any specific requirements for conducting research within your agency.

Name: _____ (contact person)

Phone: _____

Address: _____

Email: _____

District: _____

Number of children ages 0-5 with ASD currently in your district/program: _____

Number of teachers working with children ages 0-5 with ASD in your district/program: _____

Best times to contact you: _____

Fax form to:
Attn: Aubyn C. Stahmer, Ph.D.
Fax: (858) 966-7704