

Connecticut Center for Child Development
925 Bridgeport Ave.
Milford, CT 06460
Phone (203) 882-8810
Fax: (203) 878-9468

597 Naugatuck Avenue
Milford, CT 06460
Phone (203) 306-0005
Fax: (203) 306-0006

CCCD STUDENT APPLICATION FORM

(Please send a copy of current IEP, Evaluations and /or other relevant documents)

(Please type or print)

Student's Full Name _____
Last First Middle

Sex _____ Date of Birth _____ Current age _____

Current Address _____
Street City State Zip Code

Mother's Full Name _____
Last First Middle

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Father's Full Name _____
Last First Middle

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Mother's Occupation _____

Mother's Business Address _____

Father's Occupation _____

Father's Business Address _____

Is English the primary language spoken in the child's home? _____

Who referred you to CCCD? _____

Diagnosis performed by _____

Clinical Diagnosis _____ Date of Diagnosis _____

Does your child have a secondary diagnosis and/or any other medical conditions?

Is your child currently enrolled in a school/program? Yes____ No____

If the answer to the above is yes:

Name of school/program_____

School District_____

Special Education Director_____

Program Description_____

Is your child currently receiving speech services? Yes ____ No _____

If the answer to the above is yes:

Name of service provider _____

Number of hours this service is provided per week_____

Is your child currently receiving OT services? Yes_____ No_____

If the answer to the above is yes:

Name of service provider _____

Number of hours this service is provided per week_____

Is your child currently receiving ABA services? Yes____ No____

If the answer to the above is yes:

Name of service provider_____

Number of hours this service is provided per week_____

Is your child receiving any other services? Yes _____ No _____

If the answer to the above is yes:

Description of services _____

Is your child currently on a waiting list? Yes _____ No _____

Programs he/she is on a waiting list for:

Do you anticipate securing funding for services, or will services be funded privately?

Comments: _____

Signed _____
(Parent or Guardian)

Date _____

* CCCD, Inc. admits students of any race, color, and national ethnic origin.

Please include the following documents with this application, if applicable:

- Current IEP
- Most Recent Evaluation(s)
- Progress Reports
- Other Materials
- DVD or Video