

# CT Autism Spectrum Resource Guide

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## I would like to order a copy of the CT Autism Spectrum Resource Guide

A comprehensive guide of resources and information for families in CT who are involved with the autism spectrum.

### The revised Guide will include listings of:

- Medical professionals
- Private therapists
- State agencies and services
- Recreation/social programs and activities
- Support groups/parent groups
- Print/web resources
- Evaluation centers
- Consultants and providers
- Advocates and lawyers
- Schools/colleges/camps
- Information centers
- National organizations/resources

### And much more, including information regarding:

- Diagnostic information
- Toilet training and early intervention
- Choosing doctors and therapies
- Family considerations and roles
- Adult issues
- Glossary of terms, And more!
- Behavior, sensory, social strategies
- Assessment
- Telling a child they have ASD
- IEP and advocacy info
- Developing recreation programs

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PLEASE COMPLETE AND MAIL THIS FORM TO :  
ASRC, 101 N. Plains Industrial Road, Wallingford, CT 06492

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like \_\_\_ copies of the ASRC CT Autism Spectrum Resource Guide  
(\$40 each). Total Enclosed: \_\_\_\_\_

\_\_\_ I am a member of ASRC

I am a (check more than one if necessary): \_\_\_\_\_ Parent/family member \_\_\_\_\_ Educator

\_\_\_\_\_ Community professional (physician, social worker, etc.) \_\_\_\_\_ Adult with ASD

\_\_\_\_\_ Service provider (work for a State agency or provider service)

I would like to charge my: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ or Discover card \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card number \_\_\_\_\_ 3-digit code on back of card \_\_\_\_\_

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