



**Connecticut School-Based Diversion Initiative
Application Form 2011-2012**

CONTACT PERSON	
SCHOOL/AGENCY	
MAILING ADDRESS (STREET)	
CITY, STATE, ZIP	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

Please describe the **demographics** of your school/community:

Student Enrollment	_____	Total #	Male_____%	Female _____%
Hispanic/Latino	_____%	Asian	_____%	
Caucasian/White	_____%	Hawaiian/Pacific Islander	_____%	
African American/Black	_____%	Biracial/Multiracial	_____%	
American Indian/ Alaskan Native	_____%	Other Race	_____%	

List the number of in-school **arrests**, out-of-school **suspensions**, and **expulsions** for your school:

	2009-2010	2010-2011
In-School Arrests		
Out-of-School Suspensions		
Expulsions		

Briefly describe your **interest** in the School-Based Diversion Initiative and how you think it may help your school/community:

Has this Initiative been discussed with the Superintendent, school administrators, School Resource Officer(s), and/or other key staff members? Does your school have **buy-in** from these key staff members?

Briefly describe the **capacity** of your school/community to implement this Initiative (e.g., professional development time, space for trainings, ability to collect and share data).

Additional comments about your school/community that would be helpful in the school selection process:

Return Completed Application Forms via email, fax, or postal mail to:

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