Autism Safety Alert Form

Walk with Derek

Name:_____

D.O.B: _____ Age:____ Sex: _____ Nickname:_____

Height:_____ Weight: ____ Eye Color: _____ Hair Color:_____

Address:_____

_____

Scars/Identifying Marks: _____

_____

For all below Please Circle:

Communication:

-verbal ☐
-non-verbal ☐
-ASL ☐ -pictures ☐
-can write ☐ -can read ☐
-will repeat questions ☐
-can answer yes/no ◯ ◯ questions ☐
-scripting ☐

Sensitive To:

-noise ☐ -touch ☐
-light ☐ -crowds ☐
-other:_____

Avoidance/Dislikes:

-eye contact ☐
-being wet ☐
-being dirty ☐
-strangers ☐
-clothes/shoes ☐
-other:_____

Atypical Behaviors:

-speaks loudly ☐
-self injury ☐
-will run if chased ☐
-vocal stimming ☐
-high pitched noise ☐
-little/no sense of danger ☐
-sensory seeking ☐
-other:_____

Medical:

-hearing impaired ☐
-vision impaired ☐
-seizures ☐
-tics ☐
-high pain tolerance ☐
-other:_____

Calming Methods:

-calm/quiet voice ☐
-noise cancelling headphones ☐
-time alone ☐
-food/candy ☐
-ask why upset ☐
-other:_____

Emergency Contact Name & Phone Number:

_____

_____

PLEASE EMAIL COMPLETED FORM TO: DESKSGT@TOWNOFSTRATFORD.COM

Please submit with recent photograph

Submit Completed Form to SPD