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 submit with recent photograph