

## **Autism** Safety **Alert Form**



Walk with Derek		65 61745
Name:		
D.O.B: A&	ge: Sex:	Nickname:
Height: Weight:	Eye Color:	Hair Color:
Address:		
Scars/Identifying Mar	ks:	
, , ,		
F	For all below Please	Circle:
Communication:	Sensitive To:	Avoidance/Dislikes:
	-noise -touch	-eye contact
-verbal	-light -crowd	S -being wet

- -non-verbal
- -ASL
- -can write -can read

-pictures

- -will repeat questions
- -can answer yes/no
- questions
- -scripting

## **Calming Methods:**

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

-other:

## **Atypical Behaviors**:

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

- -being dirty
- -strangers
- -clothes/shoes
- -other:

## Medical:

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

<b>Emergency Contact Name &amp; Phone Number:</b>			

Please submit with recent photograph

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