

Wareham Police Department

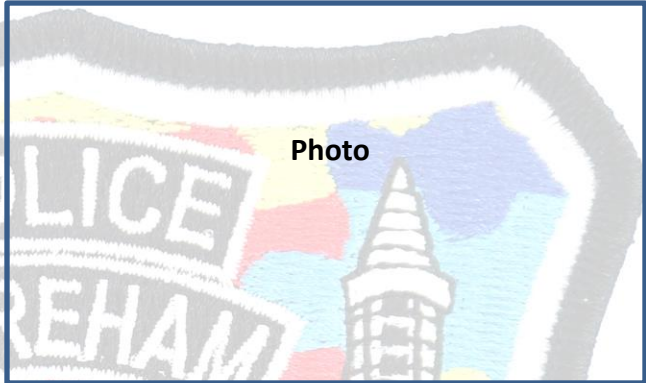
Autism/Special Needs Information Form

Name: _____

Nickname: _____

Date of Birth: _____

Address: _____



Physical Description

Height: _____ Complexion: _____ Hair Style: _____

Weight: _____ Eye Color: _____ Beard: _____

Build: _____ Hair Color: _____ Mustache: _____

Race: _____ Hair Length: _____ Sideburns: _____

Facial Features/Shape: _____

Distinguishing Marks or Tattoos:

Form of "Stimming" or self-regulation:

Communication/Behaviors

Verbal: Yes No Limited

Accepts Rides Easily: Yes No

Makes Eye Contact: Yes No

Fear of Emergency Lights: Yes No

Delayed Speech: Yes No

Fear of Sirens: Yes No

Responds to Name: Yes No

Fear of Individuals in Uniform: Yes No

Afraid of the Dark: Yes No

Responds to Verbal Commands: Yes No

Afraid of Dogs: Yes No

Repetitive Behaviors: Yes No

Trusts Strangers: Yes No

Impaired Sense of Danger: Yes No

Drawn to Water: Yes No

Education/Work

School/Daycare: _____

Address: _____

Phone Number: _____

Workplace: _____

Address: _____

Phone Number: _____



Helpful Information

Medical ID Bracelet: Yes No

Allergies: _____

Medications: _____

GPS Bracelet: Yes No

Location Bracelet: Yes No

Frequency: _____

Missing Before: Yes No

Location where found: _____

Favorite Locations:

Fascinations or Special Interests:



Vehicle Access: Yes No

Plate: _____

Model: _____

State: _____

Color: _____

Make: _____

Year: _____

Caregiver Information

Guardian 1: _____

Address: _____

Phone Number: _____

Guardian 2: _____

Address: _____

Phone Number: _____

Emergency Contact: _____

Address: _____

Phone Number: _____

Any other important information

