

Autism Safety **Alert Form**



				Same and the same of
Name:				
D.O.B:	Age:	Sex:	_ Nickname:	
Height:	Weight:	Eye Color: _	Hair Co	olor:
Address:				
Scars/Ident	tifying Marks: _			
	For	all below Please	o Circlo:	
	FOI d	iii below Pleasi	e Circie.	
_		Consistive To		

Communication:

- -verbal
- -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:

Sensitive lo:

- -noise -touch
- -light -crowds
- -other:

Atypical Behaviors:

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

Avoidance/Dislikes:

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

Medical:

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

Emergency Contact Name & Phone Number:	
	-

Please submit with recent photograph

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