



SONORA POLICE DEPARTMENT

100 S GREEN ST, SONORA CA 95370
Business: (209) 532-8143 Fax: (209) 532-4845



AUTISM SAFETY ALERT FORM

Please download this form and fill it out as completely as possible. Any information that may help an officer better communicate with your family member is valuable. The form can be sent to the Sonora Police Department or emailed to: JHannula@SonoraPD.com

The purpose of this form is to provide useful information to help officers communicate with individuals experiencing autism spectrum disorder (ASD).

Date Form Completed:

Name:		Nickname:	
Date of Birth:		Age:	Sex:
Height:	Weight:	Eye Color:	Hair Color:
Scars/Identifying Marks:			
Address:		Phone:	
Please check all that apply:			
Communication:		Atypical/Stemming Behavior:	
<input type="checkbox"/> Verbal	<input type="checkbox"/> Pictures <input type="checkbox"/> Scripting	<input type="checkbox"/> Speaks Loudly	
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> AAC (Augmentative & Alternative Comm.)	<input type="checkbox"/> Self Injury	
<input type="checkbox"/> ASL	<input type="checkbox"/> Echolalia (Repetition of Words Just Spoken)	<input type="checkbox"/> Will Run if Chased	
<input type="checkbox"/> Can Write	<input type="checkbox"/> Will Repeat Questions	<input type="checkbox"/> Vocal Stimming	
<input type="checkbox"/> Can Read	<input type="checkbox"/> Can Answer Yes/No Questions	<input type="checkbox"/> High Pitched Noise	
<input type="checkbox"/> Can Read	<input type="checkbox"/> Other:	<input type="checkbox"/> Little/No Sense of Danger	
Sensitive to:		<input type="checkbox"/> Sensory Seeking	
<input type="checkbox"/> Noise	<input type="checkbox"/> Crowds	<input type="checkbox"/> Other:	
<input type="checkbox"/> Light	<input type="checkbox"/> Other:	Avoidance/Dislikes:	
<input type="checkbox"/> Touch	<input type="checkbox"/> Other:	<input type="checkbox"/> Eye Contact	
Medical:		<input type="checkbox"/> Being Wet	
<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> High Pain Tolerance	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Tics	<input type="checkbox"/> Being Dirty	
<input type="checkbox"/> Seizures	<input type="checkbox"/> Other:	<input type="checkbox"/> Strangers	
<input type="checkbox"/> Other:		<input type="checkbox"/> Clothes/Shoes	
Calming Methods:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Noise Cancelling Headphones	<input type="checkbox"/> Food/Candy		
<input type="checkbox"/> Calm/Quiet Voice	<input type="checkbox"/> Ask Why Upset		
<input type="checkbox"/> Time Alone			
<input type="checkbox"/> Other:			
Personal Space Preference:			
What are their interests/likes?			
Pre-Meltdown Signs:			
Meltdown Behavior:			
<input type="checkbox"/> Prior Wandering	(Previous Locations/Favorite Places/Favorite Hiding Places/Attractions/GPS Locator)		

Please Complete Emergency Contact Information on Page 2.

Endorsed By:



AutismSafety101.com

AUTISM SAFETY ALERT FORM

Emergency Contact Information

For (Name): _____

Put in order

to contact: Name:

Relationship:

Phone:

	Name:	Relationship:	Phone:
1			
2			
3			

Please include an updated photo of your family member to help us identify them and locate them quicker if they become missing. Updated photos can be brought into the Sonora Police Department or emailed to Lt. Hannula (JHannula@SonoraPD.com).