



North Branford Police Department

Autism Awareness Form

Demographics

First Name _____ Last Name _____

Any nickname child may answer to _____

Address _____

_____ DOB Male / Female

_____ Weight _____ Height

_____ Hair color _____ Eye color

Insert Recent Photo of Individual



Photo within one year

Mother's Name/Cell # _____

Father's Name/ Cell # _____

Add. Emergency Contact #1 Name/ Cell # _____

Add. Emergency Contact #2 Name /Cell # _____

Will individual respond to his/her name? _____

Does the individual have a fear of K9s? _____

Child's official Diagnosis: _____

Child's identifying marks, medications (and dosage) & medical needs: _____

Please check all that apply:

Blind	Deaf	Non- Verbal	Cognitive	Intellectual
Impairment	Prone to seizures	Disabilities	Other	

If other, please explain: _____

Communication Ability: *Please check what applies to individual*

Verbal	Non-Verbal	ASL	AAC Device
PEC Cards	Has Written Ability	Scripts	
Can Respond to Yes or No Questions			

List best means of communication in stressful situation:

Sensitivity To:

Noise	Touch	Light	Crowds	Textures
-------	-------	-------	--------	----------

Behaviors:

Sensory Seeking	Vocal Stims	Self-Injurious	Elopement
Lack of fear of danger	Eye Contact Avoidance	Will run if chased	

Does this individual have the ability to follow commands? Yes No

Dislikes of individual: _____

Favorite attractions or locations: _____

Favorite toys, objects, songs, movies, TV Shows, discussion of topics: _____

Additional information first responders may need: _____

Consent/Permission:

I, _____, parent/guardian of _____
give my full permission to the North Branford Police Department to retain this information, to be
kept on file for the purposes of identification and the assistance relative to Autistic Child
Identification efforts and related activities.

Signature

Date