

Autism Checklist for Law Enforcement/First Responders

A registry to assist persons at risk

Last Name: _____ First Name: _____

Personal Description:

Date of Birth: _____

Race & Sex: _____

Height: _____

Weight: _____

Hair color: _____

Eye color: _____

Scars or Birthmarks: _____

Glasses: _____

Diagnosis: _____

Any co-existing diagnosis: _____

Does he/she carry any special identification?
YES NO

If so, what form and where is it carried?

insert picture

Important Address Information:

Home:	
Phone:	

School:	
Phone:	

Emergency Contacts

At Home: Name	Relationship:
Address:	
Phone Number:	
At School: Name	Relationship:
Address:	
Phone Number:	
Others: Name	Relationship:
Address:	
Phone Number:	

Mental health diagnosis: _____

Medical concerns:

Current medication:

Any allergies to medication

YES

NO

List:

Does he/she have seizures

YES

NO

Is he/she verbal or non-verbal

Verbal

Non-Verbal

Is he/she sensitive to noise?

YES

NO

Is he/she sensitive to touch?

YES

NO

Eye contact

Good

Fair

Poor

Does he/she engage in self-stimming behavior? If so, which one:

Does he/she run away from home or school?

YES

NO

Where does he/she go?

Alcohol/drug issues?

Prior arrests/contact with police?

History of violence against police/parents/others?

Any weapons in your house?

If so, are they properly secured?

Does he/she have any specific fears?

YES

NO

List any triggers that may upset him/her:

Does he/she perseverate on any particular object or theme?

What are his/her favorite topics of conversation?

Any other pertinent info:

RELEASE

I, _____ give my permission to the town of _____
to retain and distribute this information to first response/law enforcement personnel for the sole
purpose of identification and assistance to the person at risk.

Print Name _____

Signature: _____

Date: _____
