



PLACERVILLE POLICE DEPARTMENT

730 MAIN ST., PLACERVILLE, CA 95667
Business (530-642-5210 Fax (530) 642-5258

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 and an updated photo can be returned to the Placerville Police Department or emailed to ppdrecords@cityofplacerville.org

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:

- | | |
|------------|--|
| Verbal | Pictures |
| Non-Verbal | AAC (<i>Augmentative & Alternative Comm.</i>) |
| ASL | Echolalia (<i>Repetition of Words Just Spoken</i>) |
| Can Write | Will Repeat Questions |
| Can Read | Can Answer Yes/No Questions |
| Scripting | Other: _____ |

Sensitive to:

Light	Noise
Touch	Crowds
	Other: _____

Medical:

Seizures	Hearing Impaired	High Pain Tolerance
Other: Calming	Vision Impaired	Tics

Methods:

Calm/Quiet Voice	Noise Cancelling Headphones
Time Alone	Food/Candy
Other:	Ask Why Upset

Atypical / Stemming Behavior:

- Speaks Loudly
- Self Injury
- Will Run if Chased
- Vocal Stimming
- High Pitched Noise
- Little/No Sence of Danger
- Sensory Seeking
- Other: _____

Avoidance/Dislikes:

- Eye Contact
- Being Wet
- Being Dirty
- Strangers
- Clothes/Shoes
- Other: _____

Personal Space

Preference: _____

What are their Interests/Likes? _____

Pre-Meltdown Signs: _____

Meltdown Behavior: _____

Prior Wandering (*Previous Locations/Favorite Places, Favorite Hiding Places, Attractions, GPS Locator*) _____

PLEASE COMPLETE EMERGENCY CONTACT INFORMATION ON PAGE 2

AUTISM SAFETY ALERT FORM
EMERGENCY CONTACT INFORMATION

For (Name): _____

Put in order to contact 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 Placerville Police Department or emailed to ppdrecords@cityofplacerville.org.

This form will be maintained by the Placerville Police Department. All information provided is voluntary. The information will be utilized by the Placerville Police Department personnel for official business only. Updated information will ensure that service is provided at the highest level.