



Avon Police Department Autism Awareness Program

Individual's Information

Individuals Name: First _____ Middle Initial: _____ Last: _____

Date of Birth: _____ Age: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Physical Description

Gender

Male

Female

Scars or other identifying marks?

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Medical Information

Diagnosis and Medical Description

Check all that apply:

Autism Spectrum Disorder

Cerebral Palsy

PTSD

Deaf

Hearing Impaired

Asthma

Other

Down Syndrome

TBI

Mental Health Disorder

Visually Impaired

Prone to Seizures

Cognitive Impairment

Will emergency lights and siren trigger behaviors?

- Yes
- No

Behavior Traits

Verbal?

- Yes (verbal)
- No (non-verbal)

Fight/Flight?

- Fight
- Flight

Responds to Name?

- Yes
- No

Eye Contact?

- Yes
- No

Delayed Speech?

- Yes
- No

Impaired Sense of Danger?

- Yes
- No

Responds to Verbal Commands?

- Yes
- No

Repetitive Behavior?

- Yes
- No

Response to Person in Uniform

Sensory Issues?

Likes?

Dislikes?

Other Identification Information?

Any other additional information?

Emergency Contact Information

Name of Emergency Contact #1: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Name of Emergency Contact #2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____