

# 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 perserverate 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: \_\_\_\_\_

*For more information on autism, contact the Autism Society of Maine, 1-800-273-5200. They can arrange to train  
your department. If assistance is needed after hours, contact U.S. Probation Officer Matt Brown by pager, 758-5001,  
or at home, (207)797-0717*