

Questionnaire For Person In Your Family On the Autism Spectrum

Child's Name: \_\_\_\_\_ Parent Completing Form: \_\_\_\_\_

Time: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

This questionnaire was designed to give rescuers information about your child in the event that he/she became lost or wandered away from your home.

**Instructions:** Please fill out the questionnaire to reflect how your child would appear when he/she is *experiencing a high degree of anxiety*. Put an X in the box in areas that apply to your child and fill in information pertaining to additional medical conditions, medications, sensory preferences, behavior patterns and favorite things.

Please attach a picture of each family member and any visuals that are used to communicate directions to your child or your child uses to make their wants and needs known.

*\*Searchers will need a scent article that will help the dogs track your child. The article will need to be specific to your child (e.g. shoe, bedding, stuffed animal). Searchers will return the item to you after the search.*

	<b>X</b>	
Type of Autism		Autistic Disorder
		PDD-NOS
		Asperger's Syndrome
Medical Conditions (in addition to autism)		
Medications Explain any unusual side effects  Last given (day, time)		
Safety Awareness		Understands danger (stays in his/her own yard, doesn't leave house without informing parent, understands things that are hot or have electricity)
		Poor awareness of danger (climbs on high objects, leaves house/yard without telling parent, runs toward road, wanders away from family in unfamiliar places)
Typical reaction to strangers		Fearful - may try to hide or escape adults he/she does not know
		No fear of adults – will spontaneously approach unfamiliar people

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Language/communication Abilities	Verbal
	Non-verbal
Expressive Language	No ability to speak
	Grunts, noises, gestures
	Uses sign language? (Which signs?)
	Repeats what others have said
	Spontaneously uses one or two words at a time
	Short sentences
	Fluent speaker
Receptive Language	No visible response to language
	Looks toward sounds, music
	Responds to name or specific commands/requests (stop, sit down, come here)
	Responds to visuals that show what child is being asked to do
	Uses sign language to communicate? (Which signs?)
	Delayed response to simple directions/requests
	Understands longer sentences and responds slowly or intermittently
	Responds verbally only to familiar people
<b>Sensory Information</b>	
Hearing	Seeks out sounds and louder noises
	Becomes easily upset by noises or loud environments
Touch	Seeks out touch (hugs, deep pressure, scratching, etc) Seeks out smaller places to go into and under
	Becomes upset when she/he is touched by others, especially without warning
Vision	Seeks out things that spin or move; likes bright lights
	Avoids bright light, fast moving things
Smell/Taste	Seeks out things that have a stronger odor or taste
	Can become anxious around stronger odors/preferences for only certain foods
Movement	Preferences for running and hiding outdoors
	Likes to stay in one spot, doesn't enjoy running, climbing activities

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Behavior Patterns	
High Interests (e.g. trains, vehicles, water, animals, bugs, Star Wars, etc.)	
Fears (e.g. weather, strangers, dark, etc.)	
List favorite	
Songs	
Foods	
Pets	
Movies	
Books	
Places to go outside	
Places to go in the community	
Other favorite things	
If your child has been missing in the past, where do they go? (Please use the back if necessary)	
If your child has been missing in the past, what did they do? (Please use the back if necessary)	
How does your child react to dogs? (Please use the back if necessary)	
Please add any additional information that may be helpful to searchers: (Please use the back if necessary)	

