

NORWOOD S.A.F.E

SECURE AWARENESS FOR FIRST ENCOUNTERS REGISTRY



Keeping Special Needs Kids Safe



Registration

Name:

Address:

DOB:

Sex:

Race:

Eye Color:

Hair Color:

Height:

Weight:

Scars/Marks/Tattoos:

Photo

EMERGENCY CONTACTS

NAME:

PHONE NUMBER:

ADDRESS:

RELATIONSHIP:

NAME:

PHONE NUMBER:

ADDRESS:

RELATIONSHIP:

MEDICAL CONCERNS

WHAT TYPE OF BEHAVIOR SHOULD BE EXPECTED? (KICKING, HITTING, BITING, SELF-HITTING, RUNNING AWAY):

BEST WAY TO APPROACH HIM/HER:

HOW DOES HE/SHE COMMUNICATE? (VERBAL, SIGN LANGUAGE, TECHNOLOGY, PICTURE CARDS)?

HOW DOES HE/SHE RESPOND TO STRESS? (ROCK, HIDE, SCREAM, KICK/HIT, SHUT DOWN):

WHAT WORKS BEST TO REDUCE STRESS? (SPECIFIC TOY OR OBJECT, MUSIC, QUIET ENVIRONMENT):

ARE THERE SPECIFIC STRATEGIES TO CALM HIM/HER?

IF HE/SHE CANNOT COMMUNICATE, ARE THERE ANY CHARACTERISTICS THAT WOULD HELP US ID HIM/HER?

ANYTHING ELSE WE SHOULD KNOW: