

The Cheshire Police Department  
500 Highland Ave  
Cheshire, CT 06410  
(203) 271-5500

**CHILDREN WITH SPECIAL NEEDS  
QUESTIONNAIRE**

Please take the time to fill out the following three pages completely and as accurately as possible and return it to the Cheshire Police Department. Our goal is to supply responding Police, Fire, and Ambulance personnel with current/accurate information in order to deal with your emergency in a caring and professional manner.

***NOTE:** Please complete form and return it to the Cheshire Police Department at the address above. Please include a recent photograph if possible.*

*Photo ID's can also be produced after the return of the registry by appointment: Please call Executive Assistant Louise White at (203) 271-5553*

**Circle One:      New Registry      Update to existing Registry**

***DESCRIPTION OF SPECIAL NEEDS:***

**Medical Condition or description of special need:**

---

---

---

**Name of child:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Race** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Nicknames:** \_\_\_\_\_

**Glasses or Hearing Aide** \_\_\_\_\_

**Scars, Marks, Tattoos, Piercings:** \_\_\_\_\_

**ID Wear:**  jewelry  tags on clothes  printed handout card  tracking monitor

Other \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

**Home #** ( ) \_\_\_\_\_ **Cell #**( ) \_\_\_\_\_ **Work #**( ) \_\_\_\_\_

**Pager #** ( ) \_\_\_\_\_ **email address:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

**Home #** ( ) \_\_\_\_\_ **Cell #**( ) \_\_\_\_\_ **Work #**( ) \_\_\_\_\_

**Pager #** ( ) \_\_\_\_\_ **email address:** \_\_\_\_\_

**ADDITIONAL CAREGIVER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #:( ) \_\_\_\_\_ Cell #:( ) \_\_\_\_\_ Work #:( ) \_\_\_\_\_

Pager # ( ) \_\_\_\_\_ email address: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #:( ) \_\_\_\_\_ Cell #:( ) \_\_\_\_\_ Work #:( ) \_\_\_\_\_

Pager # ( ) \_\_\_\_\_ email address: \_\_\_\_\_

**METHOD of COMMUNICATION:**

Child communicates verbally

If non-verbal, the best way to communicate with the child is:

sign language  picture boards  written word

other \_\_\_\_\_

**MEDICAL CARE PROVIDERS:**

Physicians Name: \_\_\_\_\_ Phone #( ) \_\_\_\_\_

Address: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone #( ) \_\_\_\_\_

Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #( ) \_\_\_\_\_

Address: \_\_\_\_\_

**CURRENT PRESCRIPTIONS (including dosage):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SENSORY, MEDICAL, or DIETARY ISSUES and RECOMMENDATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***INCLINATION FOR WANDERING AND ANY "A" TYPICAL BEHAVIORS or CHARACTERISTICS THAT MAY ATTRACT ATTENTION:***

---

---

---

---

***FAVORITE ATTRACTIONS, LOCATIONS WHERE PERSON MAY BE FOUND:***

---

---

---

---

***LIKES, DISLIKES, APPROACH and DE-ESCALATION TECHNIQUES:***

---

---

---

---

***ANY OTHER PERTINENT INFORMATION:***

---

---

---

---

---

---

---

---

The under signed parent / guardian authorizes the information contained in this questionnaire to be entered into a computer database that may be utilized by emergency personnel.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Below for police use only**

Received By CPD:                      Date:    /    /                      By: \_\_\_\_\_

Entered Into System:                      Date:    /    /                      By: \_\_\_\_\_

Logged into Shift Cmdrs Binder:    Date:    /    /                      By: \_\_\_\_\_