

Concord Police Department Concord Public Schools Concord Carlisle Regional School District



First Responder's Student Information Sheet

(Please Print Clearly)

| Student Name: | Age/DOB: | Grade: |
|---|---------------------------|-----------------|
| Home Address: | Student Cel | l: |
| Parent/Guardian 1 address, if different from student: | | |
| Parent/Guardian 2 address, if different from student: | | |
| Parent/Guardian 1 Telephone #: Home: | | |
| Parent/Guardian 2 Telephone #: Home: | Cell: | |
| Emergency Contact name and contact #s: | | |
| Student's disability/diagnosis: | | |
| Student attends (name of school): | | |
| Student is VERBAL: Yes □ No □ S | tudent is: Deaf □ | Hard of Hearing |
| Allergies: Yes □ No □ if yes, please explain: | | |
| Medications (optional): | | |
| Student has the following behaviors (please describe) |): | |
| | | |
| Student is afraid/anxious around new people: Yes | No □ if yes, please € | explain: |

| Student's reaction to unfamiliar people (please describe): |
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| |
| Student is afraid of animals: Yes No if yes, please explain: |
| Student may react to loud noises (i.e. sirens): Yes No if yes, please explain: |
| Student is capable of being home without an adult: Yes No |
| Student is able to be in the community independently: Yes \square No \square |
| Weapons/firearms in the home? Yes □ No □ |
| Due to the student's disability, he/she may: (Check all that apply) |
| □ Panic if yelled at and lash out if touched or physically restrained |
| □ Misinterpret things you tell me or ask me to do |
| □ Not be able to answer your questions |
| □ Appear not to be listening or paying attention |
| □ Tend to interpret statements literally |
| □ Appear rude or say things that sound tactless, especially when anxious or confused |
| □ Have difficulty making eye contact |
| □ Speak too loud, too soft, or with unusual intonation |
| |
| OTHER: |
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| Strategies that might help: (Check all that apply) |
| □ Clearly identify yourself as a law enforcement officer/first responder |
| Clearly identify yourself as a law emorcement officer/first responder Call one of my emergency contacts |

| □ Do not assume that traits of the student's disability constitute suspicious behavior | | |
|---|--|--|
| □ Avoid touching or restraining the individual unless absolutely necessary | | |
| □ Speak to me in normal, calm, non-confrontational tones | | |
| □ Tell the individual what he/she needs to do as politely, clearly, simply, literally, as possible and in small step-by-step directions | | |
| OTHER: (i.e. favorite places to visit, toys, likes, etc.) | | |
| | | |
| | | |
| | | |
| Photo of Student submitted: Yes No Use School Photo/ID: Yes No | | |
| Photo may be submitted via email to: Officer Manchuso at tmanchuso@concordma.gov Officer Gena at kgena@concordma.gov | | |
| Note: Forms may be emailed or dropped off directly at the Concord Police Department. | | |
| Please contact Officer Manchuso, Officer Gena, or Director of Student Services, Ruth Grube (rgrube@concordps.org), with any questions. | | |
| Submitted by: Title: | | |
| (Print name) | | |
| Signature: Date: | | |

IMPORTANT: By signing this questionnaire, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting the Police and Fire Departments, through their 911 system and emergency response personnel, to more effectively respond to a potential emergency in or near my household. I also understand that providing this information does not entitle me or anyone in my household to preferential treatment, nor will it result in a more timely response by emergency response personnel. It is simply an attempt to provide emergency response personnel with information, which may be helpful when providing service to residents or occupants of my home.