

➤ What words, items or discussion topics would comfort this person \_\_\_\_\_

---

---

➤ What behaviors might this person exhibit, either aggressing or self-stimulating \_\_\_\_\_

---

---

---

At what locations might this person be found \_\_\_\_\_

---

Approach and De-escalation Techniques \_\_\_\_\_

---

---

Please provide a drawing, blueprint or description of the home with the individual's bedroom highlighted.

Please complete form Form 2- Medical Release Form

**Submit all completed documents to: Community Policing Coordinator  
Rutland City Police Department  
108 Wales Street Rutland, VT 05701**

**Adapted from D. Debbaut, 2002, *Autism, Advocates and Law Enforcement Professionals* London: Jessica Kingsley Publishers**