Autism Spectrum Addendum

Complete the form, save it on your PC and then attach it to an email and send to: missingpersons@dcjs.ny.gov or fax to 518-457-6965.

Missing Child:
Last Name MI: DOB Age
s the child wearing or carrying any tracking technology device?
f yes, which device and how is information accessed?
Does the child have a history of wandering/eloping? Yes No
f yes, where and what physical features associated with those episodes may have attracted the child?
Where was the child located?
s the child attracted to water? Yes No
Can the child swim? Yes No
s the child attracted to roadways/highways?
Does the child have a fascination with vehicles, such as trains, police cars, heavy equipment, airplanes or fire trucks? Yes No
f yes, what type(s)?
Where does the child like to go? (neighbor residence, park, restaurant, relative, etc.)?
s the chid non-verbal? Yes No
How will the child react to his/her name being called?
f yes, describe:
Vill the child respond to a particular voice such as mother, father, other relative, caregiver, family friend? Yes No
f yes, who?
Does the child have a favorite song, toy, or character?
f yes, what or who is it?
Describe any specific dislikes, fears or behavioral triggers:

How might child react to sirens, helicopters, flashing lights, airplanes, search dogs, people in uniform, or those participating in a search team?
What noises would he/she typically emit when frightened (crying, screaming, banging handsetc.)?
What methods calm the child?
What are the child's physical capabilites? (runs quickly, climbs objects, hides in tight spaces, seeks shelter, etc.)
Does the child wear a medical ID tag? Yes No Does the child have any sensory, medical or dietary issues, or medication requirements? Yes No
If yes, describe:
How does the child react in the dark?
Is there anything else we did not ask, but should know about the child that might help locate him/her?