



**Concord Police Department
Concord Public Schools
Concord Carlisle Regional School District**



First Responders Student Information Form

(Please Print Clearly)

Student Name: _____ Age/DOB: _____ Grade: _____

Home Address: _____ Student Cell: _____

Parent/Guardian 1 address, if different from student:

Parent/Guardian 2 address, if different from student:

Parent/Guardian 1 Telephone #: Home: _____ Cell: _____

Parent/Guardian 2 Telephone #: Home: _____ Cell: _____

Emergency Contact name/contact #s: _____

Student's disability/diagnosis: _____

Student attends (name of school): _____

Student is VERBAL: Yes No

Student 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): _____

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 No

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: _____

Strategies that might help:

(Check all that apply)

- Clearly identify yourself as a law enforcement 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 attached: Yes No

Use School Photo/ID: Yes No

Photo may be submitted via email to : Detective Paladino– cpaladino@concordma.gov or Detective Rodriguez- drodriguez@concordma.gov.

Submitted by: _____ (Print name) Title: _____

Signature: _____ Date: _____

With any questions please contact either :

Detective Caroline Paladino or Detective Derek Rodriguez, Concord Police Department

Or Frances Wooff, Director of Special Education Concord Public Schools

Forms can be dropped off directly to the Concord Police Department

or emailed directly to [Detective Paladino cpaladino@concordma.gov](mailto:cpaladino@concordma.gov)

or [Detective Rodriguez- drodriguez@concordma.gov](mailto:drodriguez@concordma.gov).

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.