

**MONTGOMERY COUNTY SHERIFF'S OFFICE  
COMMUNICATIONS UNIT  
SPECIAL NEEDS INFORMATION**

Address \_\_\_\_\_ City/Area: \_\_\_\_\_ Zone: \_\_\_\_\_

Resd Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Member: \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs: \_\_\_\_\_

- a. Nonverbal or delayed speech
- b. Violent Tendencies
- c. Difficulty with transitions and change
- d. Unusual reactions to sounds, smell, taste, look or feel
- e. Avoids physical contact
- f. Extreme anxiety
- g. Repeats words or phrases
- h. Avoids eye contact
- i. Short attention span
- j. Irritability
- k. Scared of unusual things, nervous
- l. Fearful of crowds/people
- m. Difficulty following verbal directions
- n. Melt downs
- o. Self-injury

Special Instructions:

Additional Information: