We're here to help.
(888) AUTISM2 help@autismspeaks.org
En Español (888) 772-9050 ayuda@autismspeaks.com

Dear (school name) Faculty, Staff and IEP team,

Thank you for all that you do for the students of (school name). My child, (full name) has a diagnosis of autism and is a student in (class #) with (add teacher names). My child has a tendency to wander, elope or bolt from safety. Wandering behavior by individuals with autism is common, dangerous and puts tremendous stress on families, like mine. My child is susceptible to wandering off if left unsupervised for even a moment. This tendency puts him/her at great risk in all settings, including at school. As a result, it is important my child receives one-to-one adult supervision at all times.

Noted previous wandering incidents and triggers include:	
Date	_ Description
Date	_ Description
Date	_ Description
securing the physical space by clo	s are taken to prevent these dangerous incidents from occurring, including osing/alarming doors or exits, and notifying school security guards, hild's tendency to wander, and maintaining one-to-one adult supervision
If my child wanders or elopes, <i>please call 911 immediately</i> .	
After help has been dispa	atched, please immediately notify me (xxx) xxx-xxxx.
All attempted or actual wanderin team, in an effort to identify pote	g incidents should be fully documented and reported to me and the IEP ential patterns or triggers.
When you are interacting	g with my child, please keep in mind:
List any difficulties with communication	
List any co-existing medical conditions	
List any special interests and dislikes/fears	
List behavior team/physician advised calming or de-escalation methods	
I greatly appreciate your support	and attention to keeping my child safe and out of harm's way.
Thank you,	
Name:	Email:
Phone: Home Address:	