

Special Needs Data Collection Form

For ECDOPS Use:

Reporting Department

Parent / Guardian **(required)**:

Home Phone:

Cell Phone:

Emergency Contact:

Phone Number:

Emergency Contact:

Phone Number:

Emergency Contact:

Phone Number:

Description of Special
Need: **(required)**

Examples:

These are examples only.
Use whatever
classification that is
necessary.

- Deaf
- Non-vocal
- Mental or Physically Challenged
- Unable to evacuate a building in the event of an emergency

Special Needs Person Information

Name **(required)**:

Address:

City, State, Zip:

Sex:

Male

Female

Race:

Date of Birth:

Hair Color:

Eye Color:

Distinguishing Marks:

Please use the area below to list any information which would be helpful to first responders. Examples of this would be where is the person's bedroom located in the house, what are their likes and dislikes, do they tend to wander and if so, where, do they get agitated easily. Are there any immediate medical needs and their doctor's name and phone number. If desired, you may attach a recent photo and a home layout indicating the favorite place of the individual or where they may retreat for safety.