

Newton Police Department
1321 Washington Street
Newton, MA 02465

PEOPLE WITH DEVELOPMENTAL DISABILITIES PROGRAM

Please complete this form and email to DDProgram@newtonma.gov along with a photograph of the person under consideration.

Personal Information:

DATE: _____

Name: _____

Address: _____

Phone # _____ Date of Birth: _____ Nickname: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Identifying Scars / Marks: _____

Personal Contact Information:

Father's Name: _____ Father's phone number: _____

Mother's Name: _____ Mother's phone number: _____

Lives with: _____

Third Contact: _____ Relationship: _____

Third Contact Phone Number: _____

Language spoken at Home: _____

PHOTO: (add as attachment to email)

Current School: _____ School Phone #: _____

School Location: _____

Medical Information:

Verbal? _____ Hearing and processing issues? _____

Please explain: _____

Blind? _____ Deaf? _____ Prone to Seizures? _____

Physical Challenges/Accommodations: _____

Anything else that might be informative? _____

Medications being taken: _____

Personal Tendencies: _____

Any particular habits: _____

Likes (what they are fond of or prone to go to?): _____

Dislikes (comfortability wise): _____

Ever wandered off? If yes where to? _____

Probable reaction to presence of police (i.e. will they speak, shy?) _____

Preferred form of communication (speaking, writing, pointing etc): _____

Identifying Information (wears a medical bracelet, carries a medical card etc.): _____

Best way to approach or communicate? _____