

# First Responders What Is Known

## General Education & Special Education Students

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### Did You Know?!

A First Responder typically welcomes as much information as possible when they arrive to provide assistance at the scene of an emergency.

### Did You Know?!

Staying calm during an emergency can be extremely difficult.

### Did You Know?!

Handing a First Responder a one (1) page document about a small child or teenager gives a First Responder valuable information.

### Did You Know?!

Preparing a **What Is Known** document in advance and carrying it in a car, in a purse, having copies printed and ready at home, etc. will help protect the child or teenager.

### Did You Know?!

When at a store and a security officer or police officer has been called for a small child having a meltdown or a teenager who is having a difficult time with their emotions, having a one (1) page sheet can make a remarkable difference in how everyone is treated.

# What Is Known Overview

(NAME), (DATE)

## Detailed Evaluations and Reports are available

- NAME was adopted at birth and had prenatal exposure to heroin and methadone.
- NAME has been diagnosed with an Autism Spectrum Disorder. NAME does not recognize situations when he is in risky social situations and being taken advantage of.
- NAME has been diagnosed with a Mood Disorder, NOS
- NAME has been diagnosed with Learning Disabilities in the areas of: Executive Function, Writing, Reading, Short and Long Term Memory
- NAME has been diagnosed with Sensory Integration Dysfunction. It is a neurophysiological response and creates a flight or fight response to experiences in the world. NAME has, and does, experience "Sensory Overload". Doctors believe NAME's diagnosis is more advanced due to the prenatal exposure to heroin.
- NAME has been diagnosed with a Sleep Disorder. NAME's brain wakes up hundreds of times during the night for one and half ( $1 \frac{1}{2}$ ) to two and half ( $2 \frac{1}{2}$ ) seconds. The doctor has never seen this before in any person, however, they believe it is because of the way his brain is hard wired due to the invitro heroin use.

## Pain Threshold Statement

Statement approved by NAME's pediatrician, DR NAME, DR LOCATION

NAME's Pain Threshold is abnormally high, even dangerously high. We can't absolutely say why NAME's neurological system doesn't sense pain appropriately, we just know it doesn't. NAME is not aware when he is in pain, or the level of pain he is experiencing. Nor does NAME seem to have the internal mechanism to monitor his pain level. Will he be able to? We don't know.

# What Is Known Overview

(Student Name)

(Date)

## Detailed Evaluations and Reports are available

- (First name) has been diagnosed with an **Adjustment Disorder**
- (First name) has been diagnosed with a **Behavior Disorder**
- (First name) has been diagnosed with **ADHD**
- (First name) has been diagnosed with a **Generalized Anxiety Disorder**
- (First name) has been diagnosed with a **Sensory Processing Disorder**
- (First name) is a Special Education Student in the (Name) School District where his behavior impedes his ability to learn and those of his peers, under the category of Emotional Behavioral Disability (EBD).
- (First name) currently attends school with a Registered Behavior Technician (RBT), overseen by a Board Certified Behavior Analyst (BCBA), working directly with (First name) in all settings at school.
- (First name) problem behaviors at school are: **Physical Aggression** - threaten access to weapons, hit, kick, bite, stab, punch, cut, throw items towards others, **Property Destruction** - throwing objects, ripping items, putting items in electrical outlets, kicking walls, and **Elopement** - running away from designated areas, hiding, trying to leave campus. Behavior Intervention Plan, (Name) School District
- (First name) can exhibit the following additional behaviors when he has 'lost control: manipulate, lie and make false allegations, physically head butt, use objects as weapons, scream, intense cursing, make homicidal and/or suicidal ideations, choke himself and others, hit himself, hold his breath.

# What Is Known

(Name)

(Date)

## What Is Known:

- (Name) is polite and helpful until a **'switch'** takes place. He becomes violent with physical aggression and verbal aggression.
- (Name)'s 'fluid reasoning' is listed as **'impaired'** at 67, making it difficult to make connections between information he knows (prior experiences), and relating it to new experiences. Cause and effect
- (Name) will act like a **'puffer fish'** if he believes he is slighted in any way and will spout inappropriate and derogatory racial slurs and demeaning comments.
- (Name) is an (Grade) **Grade Special Education** Student with the (School District Name), qualifying in Social Behavior (regulating his behavior), Reading (4<sup>th</sup> grade level), Math (3<sup>rd</sup> grade level), and Writing.
- (Name) has a diagnosis of **"autism spectrum disorder"**, **generalized anxiety disorder"**, **"other disorders of psychological development"** and **"specific developmental disorder of motor function"**
- (Name)'s **physical aggression** towards others (family members) looks like kicking, spitting, hitting in the throat and groin areas, pummels backs with fists, pushes downstairs and into objects.