

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

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	t that all precautions are taken to prevent these dangerous incidents from occurring, including physical space by closing/alarming doors or exits, and notifying school security guards, upport staff of my child'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 dispatched, <i>please immediately notify me (xxx) xxx-xxxx</i> .
All attempted or actual wandering incidents should be fully documented and reported to me and the IEP team, in an effort to identify potential patterns or triggers.	
Whe	n you are interacting with my child, please keep in mind:
List a	any difficulties with communication
List any co-existing medical conditions	
List a	any special interests and dislikes/fears
List b	pehavior team/physician advised calming or de-escalation methods
l greatly appi	reciate your support and attention to keeping my child safe and out of harm's way.
Thank you,	
Name:	Email:
Phone: Home Address:	

Consider including a letter from your child's doctor regarding wandering tendencies with the medical code for wandering V40.31 (ICD-9-CM Code for Wandering