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 cl	s are taken to prevent these dangerous incidents from occurring, including osing/alarming doors or exits, and notifying school security guards, thild's tendency to wander, and maintaining one-to-one adult supervision
If my child wanders or e	opes, please call 911 immediately.
After help has been disp	atched, please immediately notify me (xxx) xxx-xxxx.
All attempted or actual wandering team, in an effort to identify pot	ng 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 med	ical conditions
List any special interests	and dislikes/fears
List behavior team/phys	ician advised calming or de-escalation methods
I greatly appreciate your suppor	t 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