



SOLANO COMMUNITY COLLEGE DEPARTMENT OF PUBLIC SAFETY SNAP FORM

1. Sign Up Type

New Annual Update

2. Information on Special Needs Individual

Gender – Circle One

Male, Female, Non-Binary

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Phone: _____

Student ID _____

DOB: _____

Hair Color: _____

Eyes Color: _____

Height: _____

Weight: _____

Race: _____

DL/ID: _____

Identifying Features _____

Primary Language Spoken _____

3. Emergency Contact Info.

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

DOB: _____

DL/ID: _____

Cell: _____

Email: _____

Relationship: _____

4. Special Needs (Select All That Apply)

Visually Impaired

Legally Blind

Hearing Impaired

Deaf

Non- Verbal

Seizure Disorder

Prosthesis

Autism Spectrum Disorder

Asperger Syndrome

Cognitively /
Developmentally Delayed

Speech Impaired

Other _____

5. Special Considerations (Select All That Apply)

Responds to Verbal Commands

Communicates with PECS

Communicates with Sign Language

Scared of Fast Movements/Crowds

Responds Well to Touch

Uses Hearing Aids

Tendency to Hide When Scared or Stressed Out

Other _____

6. Additional Information

7. Photo Provided?

Yes

No