

My name is _____. I have **Autism**.
It is a medical diagnosis that may cause delayed processing and impaired communication with others. Please speak directly and in short phrases so I may completely understand what is being said.
I may also become physically agitated if you touch me or I may act in unexpected ways. Please understand I am not intentionally being defiant.



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Please contact the person below if you need any additional information about me.

Contact _____

Phone _____



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