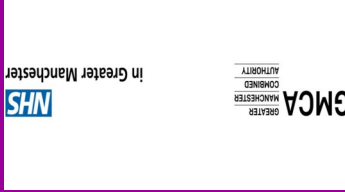


Number: \_\_\_\_\_

Name: \_\_\_\_\_

I may need the support of an accompanying adult. Please contact: \_\_\_\_\_



X Do not crowd me

X Do not approach or touch me but do not leave me alone.

\* Keep your language simple

\* Give me time

\* Give me space and find me somewhere quiet to remain calm.

To help me please:

## I am autistic and am feeling extremely anxious

### I am autistic

\* I have difficulty understanding social situations, especially unfamiliar ones.

\* I may communicate/ behave in a way in a way you find unusual.

\* I am likely to be extremely anxious.

\* I may be sensitive to noise, lights, touch and smells around me.

\* Please be patient with me.

\* Please make reasonable changes to assist me.

GMCA GREATER  
MANCHESTER  
COMBINED  
AUTHORITY

NHS  
in Greater Manchester

Based on an original version by Manchester Foundation trust