AUTISM TRAINING
and Technical Assistance Project

Community Resource Guide

Directions: Research and fill in this guide with personal and relevant resources specific to your needs, personal preferences, and interests on a college campus and throughout the community.

General Campus Supports

Campus Help Desk or Information Center:
Phone: _____ Location: _____ Hours: _____
Technology Assistance:
Web request URL: _____ Location: _____ Hours: _____

Health & Wellness

Campus Wellness Clinic:
Phone: _____ Location: _____ Hours: _____
Nearest Community Health Care Clinic:
Phone: _____ Name/Location: _____ Hours: _____
Prescription Refill Location:
Phone: _____ Name/Location: _____ Hours: _____

Food

Campus Dining Hall:
Phone: _____ Name/Location: _____ Hours: _____
Other Campus Food Options: _____
Nearest Community Restaurants, Fast Food, Other Favorites:
Name: _____ Hours: _____ In walking distance Y or N
Name: _____ Hours: _____ In walking distance Y or N
Name: _____ Hours: _____ In walking distance Y or N

Safety/Transportation

Campus Map URL: _____
Campus Security Phone: _____
Public Transportation Options and Personalized Route Link:
- On Campus Shuttle or Bus: _____
- City Bus: _____
- Train/Metro _____

Entertainment

Movie Theater:
Phone: _____ Name/Location: _____ Hours: _____
Gaming Café:
Phone: _____ Name/Location: _____ Hours: _____

Bowling Alley:
Phone: _____ Name/Location: _____ Hours: _____
Museum:
Phone: _____ Name/Location: _____ Hours: _____

Theme Park:
Phone: _____ Name/Location: _____ Hours: _____
Film Festival:
Phone: _____ Name/Location: _____ Hours: _____
Sporting Events on or off Campus:
Phone: _____ Name/Location: _____ Hours: _____

Exercise & Adventure

Campus Recreation Center:
Phone: _____ Name/Location: _____ Hours: _____
Campus Wellness Center Gym Workout Facility:
Phone: _____ Name/Location: _____ Hours: _____
Park with Tennis Courts:
Phone: _____ Name/Location: _____ Hours: _____
Zoo or Animal Park:
Phone: _____ Name/Location: _____ Hours: _____
Walking Path:
Name/Location: _____ Hours: _____

Religion

Campus or Community Church:
Phone: _____ Name/Location: _____ Hours: _____
Religious Study Group:
Phone: _____ Name/Location: _____ Hours: _____

Employment

Campus or Community Job Search Sites:
_____

Connections with Like Minded Individuals

Special Interests:
Phone: _____ Name/Location: _____ Hours: _____
Clubs or activities:
Phone: _____ Name/Location: _____ Hours: _____

Autism Friendly Considerations:

- Is there access or support for your individual needs?
- Do community events feel welcoming?
- Is the transportation accessible by you?
- Are there barriers to access you can personally overcome or advocate for?
- Supports or accommodations to assist in overcoming these challenges:
  (i.e. noise canceling headphones, map of the location, a friend to go along, a card with your personal information or who to call if help is needed, a calming fidget, electronic device for music or white noise, etc.)
  _____, _____, _____, _____.

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