



FREEDOM ROUTE TRAVEL

Family & Neurodivergent Travel Planning Intake - Fillable PDF

Making the Impossible Possible™

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Use this form to help Mary plan around your family's communication, sensory, accessibility, safety, pacing, and comfort needs. Every question is optional. Share only what is useful for planning the trip. This form does not replace advice from a medical, mental-health, or accessibility professional.

1 - CONTACT INFORMATION

Primary contact name

Best phone number

Preferred contact method

Emergency phone

Preferred name

Email address

Emergency contact name

Relationship to traveler

2 - TRIP SNAPSHOT

Destination or trip idea

Preferred dates / flexibility

Comfortable budget range

Passport status, if applicable

Departing from

Approximate trip length

Number of travelers

Planning stage

3 - WHO IS TRAVELING?

☐ Child with parent/caregiver

☐ Family vacation

☐ Group or organization

☐ Solo adult traveler

☐ Multigenerational family

☐ Caregiver or support person

List travelers, ages (optional), relationships, and anything important about the group



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4 - TRAVELER PROFILE

A diagnosis is never required for travel planning. Check only the needs or differences that help us prepare.

Traveler's name

Age (optional)

Parent / caregiver / support person

Preferred name

Pronouns (optional)

Relationship / role

- | | | |
|--|---|---|
| ☐ Autism | ☐ ADHD | ☐ Sensory differences |
| ☐ Anxiety or panic | ☐ Intellectual disability | ☐ Developmental disability |
| ☐ Learning differences | ☐ Non-speaking / AAC | ☐ Processing time needed |
| ☐ Mobility access | ☐ Medical equipment | ☐ Chronic health needs |
| ☐ Trauma-informed support | ☐ No diagnosis / prefer not to say | ☐ Other support needs |

What support is most helpful in everyday settings?

What do you wish travel providers understood about this traveler?

5 - COMMUNICATION PREFERENCES

- | | | |
|--|---|--|
| ☐ Spoken language | ☐ AAC device | ☐ Gestures / sign language |
| ☐ Visual supports | ☐ Text / written communication | ☐ One-step directions |
| ☐ Extra processing time | ☐ Minimal language during stress | ☐ Advance notice before transitions |

Words, prompts, or approaches that work well

Communication approaches staff should avoid



6 - SENSORY PROFILE

- | | | |
|---|--|--|
| ☐ Loud crowds | ☐ Sudden sounds | ☐ Announcements |
| ☐ Bright lighting | ☐ Flashing lights | ☐ Sunlight |
| ☐ Strong smells | ☐ Cleaning products | ☐ Food smells |
| ☐ Unexpected touch | ☐ Crowded spaces | ☐ Bedding / clothing textures |
| ☐ Noise-canceling headphones | ☐ Sunglasses | ☐ Fidgets |
| ☐ Compression item | ☐ Weighted item | ☐ Sensory room |
| ☐ Quiet breaks | ☐ Movement breaks | ☐ Familiar comfort item |

Most difficult triggers and the best ways to reduce them

7 - ROUTINE, REGULATION, AND TRANSITIONS

- | | | |
|--|--|--|
| ☐ Visual schedule | ☐ Predictable plan | ☐ Slow mornings |
| ☐ One main activity per day | ☐ Scheduled downtime | ☐ Quiet recovery time |
| ☐ Familiar food / items | ☐ Transition warnings | ☐ Flexible itinerary |
| ☐ Becomes quiet / withdraws | ☐ Repeats questions | ☐ Crying |
| ☐ Shutdown | ☐ Panic / anxiety | ☐ Leaves or wanders |
| ☐ Yelling / aggression | ☐ Increased movement | ☐ Other early signs |

Early signs the traveler is becoming overwhelmed

What helps the traveler feel safe and regulated?



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8 - TRANSPORTATION AND AIRPORT NEEDS

- | | | |
|---|---|--|
| ☐ Airplane | ☐ Car | ☐ Train |
| ☐ Cruise | ☐ RV | ☐ Other |
| ☐ TSA Cares | ☐ Pre-boarding | ☐ Wheelchair assistance |
| ☐ Quiet waiting area | ☐ Window seat | ☐ Aisle seat |
| ☐ Shorter layovers | ☐ Longer connection time | ☐ Movement breaks |
| ☐ Security screening | ☐ Crowds | ☐ Waiting in lines |
| ☐ Delays / changes | ☐ Fear of flying | ☐ Loud announcements |
| ☐ Sitting for long periods | ☐ Transfers | ☐ Motion sickness |

Transportation concerns, equipment, or assistance details

9 - LODGING AND SLEEP

- | | | |
|--|--|---|
| ☐ Hotel | ☐ Vacation rental | ☐ Cabin / lodge |
| ☐ Resort | ☐ Cruise cabin | ☐ Other |
| ☐ Quiet location | ☐ Away from elevator | ☐ Ground floor |
| ☐ Near an exit | ☐ Blackout curtains | ☐ Kitchenette |
| ☐ Refrigerator | ☐ Microwave | ☐ Bathtub |
| ☐ Walk-in shower | ☐ Extra sleeping space | ☐ Fragrance-free request |
| ☐ White noise / fan | ☐ Familiar bedding | |
| ☐ Weighted item | ☐ Complete darkness | |
| ☐ Predictable bedtime routine | ☐ Sensitive to bedding textures | |

Room location, sleep, or lodging details



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10 - FOOD AND DINING

- | | | |
|--|---|--|
| ☐ Food allergies | ☐ ARFID considerations | ☐ Limited preferred foods |
| ☐ Texture sensitivities | ☐ Gluten-free | ☐ Dairy-free |
| ☐ Vegetarian | ☐ Vegan | ☐ Consistent meal times |
| ☐ Avoid crowded restaurants | ☐ Kitchen access | ☐ Refrigerator needed |

Food allergies and severity

Safe / preferred foods

Foods or dining environments to avoid

11 - ACTIVITIES, PACE, AND ACCESS

- | | | |
|--|---|---|
| ☐ Nature | ☐ Beaches / water | ☐ Museums |
| ☐ Aquariums | ☐ Animals | ☐ Scenic drives |
| ☐ Educational attractions | ☐ Theme parks | ☐ Quiet relaxation |
| ☐ Very slow and flexible | ☐ Moderate pace | |
| ☐ Active schedule | ☐ Very low crowd tolerance | |
| ☐ Moderate crowds | ☐ Crowds are manageable | |

Mobility, restroom, seating, queue, or activity access needs

12 - SAFETY PLANNING

- | | | |
|---|--|--|
| ☐ Elopement / wandering | ☐ Water safety | ☐ Medication schedule |
| ☐ Seizure plan | ☐ Medical equipment | ☐ Panic / trauma triggers |
| ☐ Allergy emergency plan | ☐ Needs identifying information | ☐ Other safety concern |

Prevention steps, supervision needs, and what to do if support is needed



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13 - WHAT WILL MAKE THIS TRIP SUCCESSFUL?

What would make this trip feel safe, enjoyable, and successful?

Top three must-haves for the trip

Top three things to avoid

Anything else Mary should know for planning

14 - PERMISSION AND NEXT STEPS

Please review before sharing this form. Do not email highly sensitive medical records or crisis information.

- ☐ I understand this information is used for travel planning and accommodation research, not diagnosis or treatment.
- ☐ I give permission for Freedom Route Travel to share only the minimum necessary access preferences with travel suppliers when I approve the plan.
- ☐ I will verify accessibility, medical, safety, passport, entry, and insurance requirements before travel.

Traveler / parent / caregiver name

Date

FOR FREEDOM ROUTE TRAVEL USE

Recommended accommodations, supplier questions, and follow-up steps