

Appendix B COMPASS Challenges and Supports Form for Caregivers and Teachers/Service Providers

Child's/Student's Name: _____

Date: _____

Your Name: _____

Your Relationship to Child: _____

1. Likes, Strengths, Frustrations and Fears

The information you provide is vital in understanding how to build a competency model for your child/student.

Directions: Please list all the activities, objects, events, people, food, topics, or anything that is preferred by your child/student. These help identify ways to motivate and skills on which to build.

Likes/Preferences/Interests:	Comments:

Strengths or Abilities:	Comments:

Directions: Please list and describe the fears and frustrations of your child/student. Please be specific about the situations in which these occur and the behavior your child/student shows.

Frustrations:	Comments:
----------------------	------------------

Fears:	Comments:
---------------	------------------

2. Adaptive Skills

Directions: Please answer each item using the scale as it presently applies to your child/student, with “1” meaning “not at all a problem” and “4” meaning “very much a problem.” Add examples and notes as desired.

	Not at all			Very much
<u>Self-management</u>				
Performing basic self-care independently (such as toileting, dressing, eating, using utensils)	1	2	3	4
Entertaining self in free time	1	2	3	4
Changing activities—transitioning	1	2	3	4
Sleeping	1	2	3	4
<u>Responding to others</u>				
Following 1 or 2 step direction	1	2	3	4
Accepting “no”	1	2	3	4
Answering questions	1	2	3	4
Accepting help	1	2	3	4
Accepting correction	1	2	3	4
Being quiet when required	1	2	3	4
<u>Understanding group behaviors</u>				
Coming when called to group	1	2	3	4
Staying within certain places—lines, circles, chairs, desks	1	2	3	4
Participating with the group	1	2	3	4
Talking one at a time	1	2	3	4
Picking up, cleaning up, straightening up, putting away	1	2	3	4
<u>Understanding community expectations</u>				
Understanding who is a stranger	1	2	3	4
Going to places in the community (place of worship, stores, restaurants, malls, homes)	1	2	3	4
Understanding safety (such as streets, seat belts)	1	2	3	4
Managing transportation (Cars/buses)	1	2	3	4

3. Problem Behaviors*

Directions: Please answer each item on the scale of 1–4 as it presently applies to your child/student, with “1” meaning “not at all a problem” and “4” meaning “very much a problem.”

	Not at all			Very much
1. Acting impulsively, without thinking	1	2	3	4
2. Hitting or hurting others	1	2	3	4
3. Damaging or breaking things that belong to others	1	2	3	4
4. Screaming or yelling	1	2	3	4
5. Having sudden mood changes	1	2	3	4
6. Having temper tantrums	1	2	3	4
7. Having a low frustration tolerance; becoming easily angered or upset	1	2	3	4
8. Crying easily	1	2	3	4
9. Being overly quiet, shy, or withdrawn	1	2	3	4
10. Acting sulky or sad	1	2	3	4
11. Being underactive or lacking in energy	1	2	3	4
12. Engaging in behaviors that may be distasteful to others, such as nose-picking or spitting	1	2	3	4
13. Touching him/herself inappropriately	1	2	3	4
14. Engaging in compulsive behaviors; repeating certain acts over and over	1	2	3	4
15. Hitting or hurting him/herself	1	2	3	4
16. Becoming overly upset when others touch or move his/her belongings	1	2	3	4
17. Laughing/giggling at inappropriate times	1	2	3	4
18. Ignoring or walking away from others during interactions or play	1	2	3	4
19. Touching others inappropriately	1	2	3	4
20. Engaging in unusual mannerisms such as hand-flapping or spinning	1	2	3	4
21. Having to play or do things in the same exact way each time	1	2	3	4
22. Having difficulty calming him/herself down when upset or excited	1	2	3	4
23. Other: _____	1	2	3	4

*Items are based on the Triad Social Skills Assessment

Add comments:

4. Social and Play Skills

Directions: Please rate the following statements on a scale of 1–4, with 1 meaning “not very well” and 4 meaning “very well.” Please answer each question first in terms of the child’s interactions with adults, and then with children.

<u>How well does the child/student</u>	With adults				With children			
	Not Very well	2	3	Very well	Not Very well	2	3	Very well
<u>Social awareness</u>								
1. Look toward a person who is talking to him/her	1	2	3	4	1	2	3	4
2. Accept others being close to him/her	1	2	3	4	1	2	3	4
3. Watch people for extended periods of time	1	2	3	4	1	2	3	4
4. Respond to another person’s approach by smiling or vocalizing	1	2	3	4	1	2	3	4
5. Initiate interactions for social reasons	1	2	3	4	1	2	3	4
<u>Joint attention skills</u>								
6. Look at something another person points to	1	2	3	4	1	2	3	4
7. Show something to a person and look for person’s reaction	1	2	3	4	1	2	3	4
8. Point at an object or event to direct another person’s attention to share enjoyment	1	2	3	4	1	2	3	4
9. Share smile by looking back and forth between object and person	1	2	3	4	1	2	3	4
<u>Imitation</u>								
10. Imitate sounds another person makes	1	2	3	4	1	2	3	4
11. Imitate what another person does with an object (such as a person makes toy airplane fly, the child repeats action)	1	2	3	4	1	2	3	4
12. Imitate body movements of others (such as clap when others clap, play Simon Says)	1	2	3	4	1	2	3	4
13. Imitate and expand upon other’s actions with toys (such as peer beats drum, child beats drum and also starts to march)	1	2	3	4	1	2	3	4

(continued)

(continued)

How well does the child/student

Play

	With adults				With children			
	Not Very well	2	3	Very well	Not Very well	2	3	Very well
14. Take turns within familiar routines (such as rolls a ball back and forth)	1	2	3	4	1	2	3	4
15. Share toys	1	2	3	4	1	2	3	4
16. Play interactively around a common theme	1	2	3	4	1	2	3	4
17. Repair breakdowns during interactions (such as the child repeats or changes own behavior when other person seems confused or ignores)	1	2	3	4	1	2	3	4
18. Pretends to do something or be something (such as that a plate is a hat by putting it on, to be a policeman, to have a tea party, that a doll is a teacher)	1	2	3	4	1	2	3	4

5. *Communication Skills*

Directions: Please describe how your child/student lets you know the following communicative messages through words or actions. Indicate any method your child/student uses to indicate the message. For example, if s/he does not use words, but instead takes you by the hand to request juice, you would write that he takes you by the hand. If your child/student uses words, write what s/he says; or if a combination of ways are used, describe all ways.

<u>Making Requests</u>
1. Food
2. Objects
3. An activity
4. To use the toilet
5. Attention
6. Help
7. To play
8. Information
9. A choice
<u>Expressing Refusals</u>
1. "Go away"
2. "No, I won't do it" or "I don't want it"
3. "I want to be finished" or "I want to stop doing this"
<u>Expressing Thoughts</u>
1. Greeting to others
2. Comments about people/environment
3. Confusion or "I don't know"
4. Comments about errors or things wrong
5. Asks about past or future events
6. Agreement

(continued)

(continued)

<u>Expressing Feelings</u>
1. Angry/mad/frustrated
2. Pain/illness/hurt
3. Happy/excited
4. Hurt feelings/upset
5. Afraid
6. Sad

6. Sensory Challenges

Directions: Please put a check before each statement that describes your child/student.

Sound/Auditory

- | | |
|---|--|
| <input type="checkbox"/> Has been diagnosed with hearing problem at some time | <input type="checkbox"/> Fails to listen or pay attention to what is said to him/her |
| <input type="checkbox"/> Reacts to unexpected sounds | <input type="checkbox"/> Talks a great deal |
| <input type="checkbox"/> Fears some noises | <input type="checkbox"/> Own talking interferes with listening |
| <input type="checkbox"/> Distracted by certain sounds | <input type="checkbox"/> Overly sensitive to some sounds |
| <input type="checkbox"/> Confused about direction of sounds | <input type="checkbox"/> Seeks out certain noises or sounds |
| <input type="checkbox"/> Makes self-induced noises | <input type="checkbox"/> Other: _____ |

Taste

- | | |
|---|--|
| <input type="checkbox"/> Has an eating problem | <input type="checkbox"/> Explores environment by tasting |
| <input type="checkbox"/> Dislikes certain foods and textures | <input type="checkbox"/> Puts most things in his/her mouth |
| <input type="checkbox"/> Will only eat a small variety of foods | <input type="checkbox"/> Constant chewing on something |
| <input type="checkbox"/> Tastes/eats nonedibles | <input type="checkbox"/> Other: _____ |

Sight/Vision

- | | |
|---|--|
| <input type="checkbox"/> Has trouble discriminating shapes, colors | <input type="checkbox"/> Excited by vistas and open spaces |
| <input type="checkbox"/> Is sensitive to light—squints, wants to wear hats or sunglasses | <input type="checkbox"/> Hesitates going up or down stairs, curbs, or climbing equipment |
| <input type="checkbox"/> Has trouble following with eyes | <input type="checkbox"/> Upset by things looking different (spills, spots) |
| <input type="checkbox"/> Does not make much eye contact | <input type="checkbox"/> Makes decisions about food, clothing, objects by sight |
| <input type="checkbox"/> Is distracted by some/too much visual stimuli | <input type="checkbox"/> Closely examines objects or hands |
| <input type="checkbox"/> Becomes excited when confronted with a variety of visual stimuli | <input type="checkbox"/> Wants environment in certain order |
| <input type="checkbox"/> Dislikes having eyes covered | <input type="checkbox"/> Other: _____ |

Touch/Tactile

- | | |
|---|---|
| <input type="checkbox"/> Has to know someone is going to touch ahead of time | <input type="checkbox"/> Does not like showers or rain on self |
| <input type="checkbox"/> Dislikes being held or cuddled | <input type="checkbox"/> Mouths objects or clothing |
| <input type="checkbox"/> Seems irritated when touched or bumped by peers | <input type="checkbox"/> Refuses to walk on certain surfaces |
| <input type="checkbox"/> Explores environment by touching objects | <input type="checkbox"/> Dislikes having hair, face, or mouth touched |
| <input type="checkbox"/> Dislikes the feel of certain clothing | <input type="checkbox"/> Upset by sticky, gooey hands |
| <input type="checkbox"/> Refuses to touch certain things | <input type="checkbox"/> Touches items with feet before hands |
| <input type="checkbox"/> Over- or underdresses for the temperature or is unaware of temperature | <input type="checkbox"/> Does not like to hold hands |
| | <input type="checkbox"/> Pinches, bites, or hurts her- or himself |

Smell/Olfactory

- Sensitive to smells
- Smells objects, food, people, toys more than usual
- Xplores environment by smelling
- Reacts defensively to some smells
- Ignores strong odors
- Seeks out certain odors
- Other: _____

Movement/Vestibular

- Seems fearful in space (teeter-totter, climbing)
- Arches back when held or moved
- Spins or whirls self around
- Moves parts of body a great deal
- Walks on toes
- Appears clumsy, bumping into things and falling
- Avoids balance activities
- Does not like to be around people in motion
- Bumps into things and/or people
- Other: _____

Visual/Perceptual Motor

- Has trouble with paper/pencil activities
- Has difficulty with time perception
- Has difficulty with body in space, moving appropriately
- Has problems with use of some tools
- Has problems organizing materials and moving them appropriately
- Is distracted by doors and cupboards being open, holes, or motion
- Other: _____

7. Sensory Supports

Directions: Please put a check next to the item that pertains to your child/student.

Sound/Auditory

- Likes music
- Likes to sing and/or dance
- Other: _____

Taste

- Has definite eating preferences
- Other: _____

Sight/Vision

- Enjoys watching moving things/
bright objects
- Enjoys patterns or shiny surfaces
- Likes TV, VCR, videos
- Likes the computer
- Other: _____

Touch/Tactile

- Likes to be touched
- Likes hugs and cuddling when
he/she initiates it
- Likes to play in water
- Likes baths or swimming pools
- Seeks out mud, sand, clay to touch
- Prefers deep touching rather than soft
- Prefers certain textures of clothing
- Likes being rolled or sandwiched
between blankets/cushions
- Likes rough and tumble play
- Other: _____

Movement/Vestibular

- Enjoys rocking, swinging, spinning
- Likes being tossed in the air
- Likes to run
- Likes and needs to move
- Likes to climb, seldom falls
- Other: _____

Visual/Perceptual Motor

- Relies on knowing location of furniture,
stationary objects
- Likes to draw and reproduce figures
- Other: _____

8. Learning Skills*

Directions: Please answer each item on the scale of 1–4 as it presently applies to your child/student’s level of independence, with “1” meaning “not at all” and “4” meaning “very much.”

	Not at all			Very much
1. Child clearly understands the end goal of an activity, recognizes what he/she must do to be finished, and persists on the task to completion	1	2	3	4
2. Child realizes when he/she is running into difficulty and has some way of letting the adult know he/she needs help	1	2	3	4
3. Once an activity is under way, the adult can walk away from the child and he/she will keep working until finished, maintaining at least fairly good attention to what he/she is doing	1	2	3	4
4. Child finishes work and remembers on his/her own to let the adult know (e.g., by bringing work to adult, calling adult, raising his/her hand)	1	2	3	4
5. Child looks forward to earning a reward, knows it’s next, works toward it, may ask for it or go get it on his/her own when work is finished	1	2	3	4
6. Child is able to wait briefly for a direction (anticipates that he/she is about to be asked to do something), is able to wait briefly for his/her turn with a toy (anticipating that it’s about to return him/her), and / or wait for something to happen	1	2	3	4
7. Child may be distracted by outside sights and sounds or inner distractions (evident perhaps in singing to him/herself, gazing off, lining up materials) but is able to refocus attention to work on his/her own after a short time and without a prompt or reminder from the adult	1	2	3	4
8. When one activity is finished, child will look for another to complete	1	2	3	4
9. Child can organize his/her responses to perform tasks when multiple materials are in front of him/her (e.g., a stack of cards for sorting)	1	2	3	4
10. Child recognizes when one strategy is not working and tries another way	1	2	3	4
11. Child recognizes his/her own mistakes and goes back and corrects them (e.g., takes little peg out of big hole to make room for correct peg)				

*From TRIAD, adapted from Division TEACCH

9. *Environmental Challenges*

Describe environmental challenges of the child/student. Environmental challenges are factors that interfere with the child’s learning. Examples are loud or confusing environments, lack of communication system or lack of sociable peers.

- Behavioral/Knowledge/Attitude of Other People Variables (such as inability to communicate clearly to the student, teach skills necessary for the activity, establish positive work or play routines).

- Procedural/Organizational (such as noisy environments, lack of visual supports, lack of effective transition routines).

- Temporal (such as lack or ineffective use of visual supports to understand passage of time or when activity is finished).

- Spatial (such as lack of personal space or clear boundaries).



10. Environmental Supports

Describe environmental supports of the child/student. Environmental supports are factors that facilitate learning. Examples are positive routines, use of rewards, and use of visuals supports.

- Behavioral/Knowledge/Attitude of Other People Variables (such as is able to communicate clearly to the student, teach skills necessary for the activity, establish positive work or play routines).

- Procedural/Organizational (such as uncluttered environments, visual supports for understanding work routines, positive transition routines).

- Temporal (such as visual supports to understand passage of time or when activity is finished).

- Spatial (such as personal space to work and calm down, clear boundaries).

A large, empty rounded rectangular box with a thin black border, intended for handwritten notes or additional information related to the 'Spatial' category.

11. Summary of Concerns

Directions: Please list one or two concerns under each area that you have about your child/student as they pertain to succeeding at home and school and being a competent person.

Social and Play Skills

1.
2.

Communication Skills

1.
2.

Learning Skills

1.
2.

Adaptive Skills

1.
2.

List any others on the back of this page.