

## Appendix D COMPASS Challenges and Supports Joint Summary Form

Child's/Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Given by:

\_\_\_\_\_

Consultant

Special Ed. Teacher

\_\_\_\_\_

Caregiver

School

Date of Consultation: \_\_\_\_\_

### 1. Student's Likes, Strengths, Frustrations and Fears

#### Likes/Preferences/Interests:

Teacher:	Caregiver:
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#### Strengths or Abilities:

Teacher:	Caregiver:
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**Frustrations:**

Teacher:	Caregiver:
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**Fears:**

Teacher:	Caregiver:
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## 2. Personal Management/Adaptive Skills

These skills were marked as very difficult.

<b><u>Self-management</u></b>	Caregiver	Teacher
Performing basic self-care independently (such as toileting, dressing, eating, using utensils)		
Entertaining self in free time		
Changing activities—transitioning		
Sleeping		
<b><u>Responding to Others</u></b>	Caregiver	Teacher
Following 1 or 2 step direction		
Accepting “no”		
Answering questions		
Accepting help		
Accepting correction		
Being quiet when required		
<b><u>Understanding Group Behaviors</u></b>	Caregiver	Teacher
Coming when called to group		
Staying within certain places—lines, circles, chairs, desks		
Participating with the group		
Talking one at a time		
Picking up, cleaning up, straightening up, putting away		
<b><u>Understanding Community Expectations</u></b>	Caregiver	Teacher
Understanding who is a stranger		
Going to places in the community (place of worship, stores, restaurants, malls, homes)		
Understanding safety (such as streets, seat belts)		
Managing transportation (Cars/buses)		

**3. Problem Behaviors\***

These behaviors were marked as problematic		Teacher	Caregiver
1.	Acting impulsively, without thinking		
2.	Hitting or hurting others		
3.	Damaging or breaking things that belong to others		
4.	Screaming or yelling		
5.	Having sudden mood changes		
6.	Having temper tantrums		
7.	Having a low frustration tolerance; becoming easily angered or upset		
8.	Crying easily		
9.	Being overly quiet, shy, or withdrawn		
10.	Acting sulky or sad		
11.	Being underactive or lacking in energy		
12.	Engaging in behaviors that may be distasteful to others, such as nose-picking or spitting		
13.	Touching him/herself inappropriately		
14.	Engaging in compulsive behaviors; repeating certain acts over and over		
15.	Hitting or hurting him/herself		
16.	Becoming overly upset when others touch or move his/her belongings		
17.	Laughing/giggling at inappropriate times		
18.	Ignoring or walking away from others during interactions or play		
19.	Touching others inappropriately		
20.	Engaging in unusual mannerisms such as hand-flapping or spinning		
21.	Having to play or do things in the same exact way each time		
22.	Having difficulty calming him/herself down when upset or excited		
23.	Other: _____		

\*Items are based on the Triad Social Skills Assessment

### 4. Social and Play Skills

**How well does the child/student**

		With adults		With children	
		Teacher	Caregiver	Teacher	Caregiver
<b>Social Awareness</b>					
1.	Look toward a person who is talking to him/her				
2.	Accept others being close to him/her				
3.	Watch people for extended periods of time				
4.	Respond to another person’s approach by smiling or vocalizing				
5.	Initiate interactions for social reasons				
<b>Joint Attention Skills</b>					
6.	Look at something another person points to				
7.	Show something to a person and look for person’s reaction				
8.	Point at an object or event to direct another person’s attention to share enjoyment				
9.	Share smile by looking back and forth between object and person				
<b>Imitation</b>					
10.	Imitate sounds another person makes				
11.	Imitate what another person does with an object (e.g., person makes toy airplane fly, child repeats action)				
12.	Imitate body movements of others (such as clap when others clap, play Simon Says)				
13.	Imitate and expand upon other’s actions with toys (e.g., peer beats drum, child beats drum and also starts to march)				
<b>Play</b>					
14.	Take turns within familiar routines (e.g., rolls a ball back and forth)				
15.	Share toys				
16.	Play interactively around a common theme				
17.	Repair breakdowns during interactions (such as the child repeats or changes own behavior when other person seems confused or ignores)				
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)				

### 5. Communication Skills

The following are descriptions of words or actions your child/student uses to communicate:

<b><u>Making Requests</u></b>	Teacher	Caregiver
1. Food		
2. Objects		
3. An activity		
4. To use the toilet		
5. Attention		
6. Help		
7. To play		
8. Information		
9. A choice		
<b><u>Expressing Refusals</u></b>	Teacher	Caregiver
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"		
<b><u>Expressing Thoughts</u></b>	Teacher	Caregiver
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		

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

### 6. Sensory Challenges

These items were identified as being applicable to your child/student:

<b><u>Sound/Auditory</u></b>	Teacher	Caregiver
Has been diagnosed with hearing problem at some time	<input type="checkbox"/>	<input type="checkbox"/>
Reacts to unexpected sounds	<input type="checkbox"/>	<input type="checkbox"/>
Fears some noises	<input type="checkbox"/>	<input type="checkbox"/>
Distracted by certain sounds	<input type="checkbox"/>	<input type="checkbox"/>
Confused about direction of sounds	<input type="checkbox"/>	<input type="checkbox"/>
Makes self-induced noises	<input type="checkbox"/>	<input type="checkbox"/>
Fails to listen or pay attention to what is said to him/her	<input type="checkbox"/>	<input type="checkbox"/>
Talks a great deal	<input type="checkbox"/>	<input type="checkbox"/>
Own talking interferes with listening	<input type="checkbox"/>	<input type="checkbox"/>
Overly sensitive to some sounds	<input type="checkbox"/>	<input type="checkbox"/>
Seeks out certain noises or sounds	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Taste</u></b>	Teacher	Caregiver
Has an eating problem	<input type="checkbox"/>	<input type="checkbox"/>
Dislikes certain foods and textures	<input type="checkbox"/>	<input type="checkbox"/>
Will only eat a small variety of foods	<input type="checkbox"/>	<input type="checkbox"/>
Tastes/eats nonedibles	<input type="checkbox"/>	<input type="checkbox"/>
Explores environment by tasting	<input type="checkbox"/>	<input type="checkbox"/>
Puts most things in his/her mouth	<input type="checkbox"/>	<input type="checkbox"/>
Constant chewing on something	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Sight/Vision</u></b>	Teacher	Caregiver
Has trouble discriminating shapes, colors	<input type="checkbox"/>	<input type="checkbox"/>
Is sensitive to light—squints, wants to wear hats or sunglasses	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble following with eyes	<input type="checkbox"/>	<input type="checkbox"/>
Does not make much eye contact	<input type="checkbox"/>	<input type="checkbox"/>
Is distracted by some or too much visual stimuli	<input type="checkbox"/>	<input type="checkbox"/>
Becomes excited when confronted with a variety of visual stimuli	<input type="checkbox"/>	<input type="checkbox"/>
Dislikes having eyes covered	<input type="checkbox"/>	<input type="checkbox"/>
Excited by vistas and open spaces	<input type="checkbox"/>	<input type="checkbox"/>
Hesitates going up or down stairs, curbs, or climbing equipment	<input type="checkbox"/>	<input type="checkbox"/>
Upset by things looking different (spills, spots)	<input type="checkbox"/>	<input type="checkbox"/>
Makes decisions about food, clothing, objects by sight	<input type="checkbox"/>	<input type="checkbox"/>
Closely examines objects or hands	<input type="checkbox"/>	<input type="checkbox"/>
Wants environment in certain order	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

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<b><u>Touch/Tactile</u></b>	<b>Teacher</b>	<b>Caregiver</b>
Has to know someone is going to touch ahead of time	<input type="checkbox"/>	<input type="checkbox"/>
Dislikes being held or cuddled	<input type="checkbox"/>	<input type="checkbox"/>
Seems irritated when touched or bumped by peers	<input type="checkbox"/>	<input type="checkbox"/>
Explores environment by touching objects	<input type="checkbox"/>	<input type="checkbox"/>
Dislikes the feel of certain clothing	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to touch certain things	<input type="checkbox"/>	<input type="checkbox"/>
Over or under dresses for the temperature or is unaware of temperature	<input type="checkbox"/>	<input type="checkbox"/>
Does not like showers or rain on self	<input type="checkbox"/>	<input type="checkbox"/>
Mouths objects or clothing	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to walk on certain surfaces	<input type="checkbox"/>	<input type="checkbox"/>
Dislikes having hair, face, or mouth touched	<input type="checkbox"/>	<input type="checkbox"/>
Upset by sticky, gooey hands	<input type="checkbox"/>	<input type="checkbox"/>
Touches items with feet before hands	<input type="checkbox"/>	<input type="checkbox"/>
Does not like to hold hands	<input type="checkbox"/>	<input type="checkbox"/>
Pinches, bites, or hurts himself	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Smell/Olfactory</u></b>	<b>Teacher</b>	<b>Caregiver</b>
Sensitive to smells	<input type="checkbox"/>	<input type="checkbox"/>
Smells objects, food, people, toys more than usual	<input type="checkbox"/>	<input type="checkbox"/>
Explores environment by smelling	<input type="checkbox"/>	<input type="checkbox"/>
Reacts defensively to some smells	<input type="checkbox"/>	<input type="checkbox"/>
Ignores strong odors	<input type="checkbox"/>	<input type="checkbox"/>
Seeks out certain odors	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Movement/Vestibular</u></b>	<b>Teacher</b>	<b>Caregiver</b>
Seems fearful in space (teeter-totter, climbing)	<input type="checkbox"/>	<input type="checkbox"/>
Arches back when held or moved	<input type="checkbox"/>	<input type="checkbox"/>
Spins or whirls self around	<input type="checkbox"/>	<input type="checkbox"/>
Moves parts of body a great deal	<input type="checkbox"/>	<input type="checkbox"/>
Walks on toes	<input type="checkbox"/>	<input type="checkbox"/>
Appears clumsy, bumping into things and falling down	<input type="checkbox"/>	<input type="checkbox"/>
Avoids balance activities	<input type="checkbox"/>	<input type="checkbox"/>
Does not like to be around people in motion	<input type="checkbox"/>	<input type="checkbox"/>
Bumps into things and/or people	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Visual/Perceptual Motor</u></b>	<b>Teacher</b>	<b>Caregiver</b>
Has trouble with paper/pencil activities	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty with time perception	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty with body in space—moving appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Has problems with use of some tools	<input type="checkbox"/>	<input type="checkbox"/>
Has problems organizing materials and moving them appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Is distracted by doors and cupboards being open, holes, or motion	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

### 7. Sensory Supports

These items were identified as being applicable to your child/student:

<b><u>Sound/Auditory</u></b>	Teacher	Caregiver
Likes music	<input type="checkbox"/>	<input type="checkbox"/>
Likes to sing and dance	<input type="checkbox"/>	<input type="checkbox"/>
Taste		
Has definite eating preferences	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Sight/Vision</u></b>	Teacher	Caregiver
Enjoys watching moving things/bright objects	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys patterns or shiny surfaces	<input type="checkbox"/>	<input type="checkbox"/>
Likes TV, videos, video games	<input type="checkbox"/>	<input type="checkbox"/>
Likes the computer	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Touch/Tactile</u></b>	Teacher	Caregiver
Likes to be touched	<input type="checkbox"/>	<input type="checkbox"/>
Likes hugs and cuddling when he/she initiates it	<input type="checkbox"/>	<input type="checkbox"/>
Likes to play in water	<input type="checkbox"/>	<input type="checkbox"/>
Likes baths or swimming pools	<input type="checkbox"/>	<input type="checkbox"/>
Seeks out mud, sand, clay to touch	<input type="checkbox"/>	<input type="checkbox"/>
Prefers deep touching rather than soft	<input type="checkbox"/>	<input type="checkbox"/>
Prefers certain textures of clothing	<input type="checkbox"/>	<input type="checkbox"/>
Likes being rolled or sandwiched between blankets/cushions	<input type="checkbox"/>	<input type="checkbox"/>
Likes rough and tumble play	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Movement/Vestibular</u></b>	Teacher	Caregiver
Enjoys rocking, swinging, spinning	<input type="checkbox"/>	<input type="checkbox"/>
Likes being tossed in the air	<input type="checkbox"/>	<input type="checkbox"/>
Likes to run	<input type="checkbox"/>	<input type="checkbox"/>
Likes and needs to move	<input type="checkbox"/>	<input type="checkbox"/>
Likes to climb; seldom falls	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Visual/Perceptual Motor</u></b>	Teacher	Caregiver
Relies on knowing location of furniture, stationary objects	<input type="checkbox"/>	<input type="checkbox"/>
Likes to draw and reproduce figures	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

### 8. Learning Skills

	<u>Learning/Work Skill</u>	Caregiver	Teacher
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		
2.	Child realizes when he/she is running into difficulty and has some way of letting the adult know he/she needs help		
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		
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)		
5.	Child looks forward to earning a reward, knows it's next, work toward it, may ask for it or go get it on his/her own when work is finished		
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		
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		
8.	Child shows interest in and curiosity about materials, handles them without prompting or nudging from the adult to get started. When one activity is finished he/she will look for another		
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)		
10.	Child recognizes when one strategy is not working and tries another way		
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)		

### **9. Environmental Challenges**

Describe challenges noted in the Forms or reported during the consultation:

- 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).

A large, empty rounded rectangular box with a thin black border, intended for providing details or examples for the 'Spatial' category mentioned in the list above.

### ***10. Environmental Supports***

Describe supports noted in the Forms or reported during the consultation:

- 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 notes or additional information related to the 'Spatial' category.

## ***11. Summary of Concerns***

### **Social and Play Skills**

Teacher	Caregiver
1.	1.
2.	2.

### **Communication Skills**

Teacher	Caregiver
1.	1.
2.	2.

### **Learning Skills**

Teacher	Caregiver
1.	1.
2.	2.

### **Adaptive Skills**

Teacher	Caregiver
1.	1.
2.	2.