

Appendix D COMPASS Coaching Checklist

Student's Name: _____ Coaching Date: _____

Coach's Packet (Standard Forms)	Equipment*
<input type="checkbox"/> Coaching Protocol <input type="checkbox"/> Teacher Interview for Coaching Form <input type="checkbox"/> Blank GAS Forms (+1 extra for teacher) <input type="checkbox"/> Blank Teaching Plan <input type="checkbox"/> COMPASS Coaching Summary Template <input type="checkbox"/> Enclosures not mailed with report <input type="checkbox"/> Resources for Teachers Checklist (Chap. 7) <input type="checkbox"/> Autism Engagement Rating Scale <input type="checkbox"/> Teacher Engagement Rating Scale <input type="checkbox"/> COMPASS Coaching Fidelity Checklist <input type="checkbox"/> COMPASS Coaching Feedback Form <input type="checkbox"/> Multiple Trials Data Sheet <input type="checkbox"/> Activity-based Data Sheet	<input type="checkbox"/> 2 tape recorders <input type="checkbox"/> 2 audio tapes for coaching <input type="checkbox"/> 1 audio tape for dictation <input type="checkbox"/> Extra batteries <input type="checkbox"/> Laptop <input type="checkbox"/> Video camera/tapes <input type="checkbox"/> Tripod <input type="checkbox"/> Extension cord

Additional Information	Coach's Forms (Child Specific)
<input type="checkbox"/> Contact Information <input type="checkbox"/> Directions <input type="checkbox"/> Schedule/Calendar	<input type="checkbox"/> COMPASS consultation report and/or coaching summary report <input type="checkbox"/> IEP <input type="checkbox"/> GAS Form <input type="checkbox"/> Teaching Plans

*This equipment is optional and depends on the information the coach wants to collect.

Other resources and print materials: _____

Teacher: _____ School: _____

Next Coaching Session Date and Time: _____

Notes: _____

_____ cut _____

Teacher:

Your next coaching session will be _____ from _____ a.m./p.m. to _____ a.m./p.m.

If you have any questions and/or concerns, please feel free to contact me at:
