COMPASS Profile Joint Summary for Young Children and Youth

Child/Student Name:
Your Name:

Your Relationship to Child:

Date:

# Likes, Strengths, Frustrations and Fears

**Likes/Preferences/Interests:**

Provider:

Caregiver:

**Strengths or Abilities:**

Provider:

Caregiver:

**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:**

Provider:

Caregiver:

**Fears:**

Provider:

Caregiver:

# Adaptive Skills

“1” meaning “not at all a problem” and “4” meaning “very much a problem.”

|  |  |  |
| --- | --- | --- |
| **Self-management** | Caregiver | Provider |
| Performing basic self-care independently (such as toileting, dressing, eating, using utensils) |  |  |
| Entertaining self in free time |  |  |
| Changing activities—transitioning |  |  |
| Sleeping |  |  |
| **Responding to Others** | Caregiver | Provider |
| Following 1 or 2 step direction |  |  |
| Accepting “no” |  |  |
| Answering questions |  |  |
| Accepting help |  |  |
| Accepting correction |  |  |
| Being quiet when required |  |  |
| **Understanding Group Behaviors** | Caregiver | Provider |
| 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 |  |  |
| **Understanding Community Expectations** | Caregiver | Provider |
| 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) |  |  |
| Comments: |  |  |  |  |

# Behaviors\*

#  “1” meaning “not at all a problem” and “4” meaning “very much a problem.”

|  |  |  |
| --- | --- | --- |
| These behaviors were marked as problematic | Caregiver | Provider |
| 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 | Being overly quiet, shy, or withdrawn |  |  |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

# Social and Play Skills

1 meaning “not at all a problem” and 4 meaning “very much a problem.”

|  |  |  |
| --- | --- | --- |
|  | Caregiver | Service Provider |
| With Adults | With Children | With Adults | With Children |
| Social awareness |  |  |  |  |
| * 1. Look toward a person who is talking to him/her
 |  |  |  |  |
| * 1. Accept others being close to him/her
 |  |  |  |  |
| * 1. Watch people for extended periods of time
 |  |  |  |  |
| * 1. Respond to another person’s approach by smiling or vocalizing
 |  |  |  |  |
| * 1. Initiate interactions for social reasons
 |  |  |  |  |
| Joint attention skills |  |  |  |  |
| * 1. Look at something another person points to
 |  |  |  |  |
| * 1. Show something to a person and look for person’s reaction
 |  |  |  |  |
| * 1. Point at an object or event to direct another person’s attention to share enjoyment
 |  |  |  |  |
| * 1. Share smile by looking back and forth between object and person
 |  |  |  |  |
| Imitation |  |  |  |  |
| * 1. Imitate sounds another person makes
 |  |  |  |  |
| * 1. Imitate what another person does with an object (such as a person makes toy airplane fly, the child repeats action)
 |  |  |  |  |
| * 1. Imitate body movements of others (such as clap when others clap, play Simon Says)
 |  |  |  |  |
| * 1. Imitate and expand upon other’s actions with toys(such as peer beats drum, child beats drum and also starts to march)
 |  |  |  |  |
| **Play** |  |  |  |  |
| * 1. Take turns within familiar routines (such as rolls a ball back and forth)
 |  |  |  |  |
| * 1. Share toys
 |  |  |  |  |
| * 1. Play interactively around a common theme
 |  |  |  |  |
| * 1. Repair breakdowns during interactions (such as the child repeats or changes own behavior when other person seems confused or ignores)
 |  |  |  |  |
| * 1. 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)
 |  |  |  |  |

# Communication Skills

“1” meaning “very effective” and 4 meaning “not at all effective.”

|  |  |
| --- | --- |
| **Method** | **Description** |
| 1. Uses speech | spoken words, phrases, sentences |
| 2. Uses sign language | signed words, phrases, sentences |
| 3. Uses a talking device | electronic communication device, picture board, or objects |
| 4. Uses gestures | thumbs up/down, reaching, pointing |
| 5. Uses body or hand | stands next to what s/he wants; takes person's hand and leads to what s/he wants |
| 6. Uses facial expressions or eye gaze | such as looking at something and then looking at you, looking away, smiling, frowning |
| 7. Uses non-speech sounds | grunt, whine, laugh |
| 8. Uses behavior | such as tantrums, yelling, hitting, pinching, scratching |

The following are descriptions of words or actions the individual/student uses to communicate:

|  |  |  |
| --- | --- | --- |
| **Making Requests** | Caregiver | Provider |
| Method | Effectiveness | Method | Effectiveness |
| 1. Food |  |  |  |  |
| 2. Objects |  |  |  |  |
| 3. An activity |  |  |  |  |
| 4. To use the toilet |  |  |  |  |
| 5. Attention |  |  |  |  |
| 6. Help |  |  |  |  |
| 7. To do leisure activity |  |  |  |  |
| 8. Information |  |  |  |  |
| 9. A choice |  |  |  |  |
| **Expressing Refusals** |  |  |  |  |
| 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” |  |  |  |  |
| **Expressing Thoughts** |  |  |  |  |
| 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 |  |  |  |  |
| **Expressing Feelings** |  |  |  |  |
| 1. Angry/mad/frustrated |  |  |  |  |
| 2. Pain/illness/hurt |  |  |  |  |
| 3. Happy/excited |  |  |  |  |
| 4. Hurt feelings/upset |  |  |  |  |
| 5. Afraid |  |  |  |  |
| 6. Sad |  |  |  |  |
| **Expressing Thoughts** |  |  |  |  |
| 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 |  |  |  |  |

1. ***Sensory Challenges***

These checked items were identified as being applicable to the individual/student:

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

(continued)

|  |  |  |
| --- | --- | --- |
| **Touch/Tactile** | Caregiver | Provider |
| Has to know someone is going to touch ahead of time | □□□□□□□□□□□□□□□□ | □□□□□□□□□□□□□□□□ |
| Dislikes being held or cuddled |
| Seems irritated when touched or bumped by peers |
| Explores environment by touching objects |
| Dislikes the feel of certain clothing |
| Refuses to touch certain things |
| Over or under dresses for the temperature or is unaware of temperature |
| Does not like showers or rain on self |
| Mouths objects or clothing |
| Refuses to walk on certain surfaces |
| Dislikes having hair, face, or mouth touched |
| Upset by sticky, gooey hands |
| Touches items with feet before hands |
| Does not like to hold hands |
| Pinches, bites, or hurts himself |
| Other:  |
| **Smell/Olfactory** | Caregiver | Provider |
| Sensitive to smells | □□□□□□□ | □□□□□□□ |
| Smells objects, food, people, toys more than usual |
| Explores environment by smelling |
| Reacts defensively to some smells |
| Ignores strong odors |
| Seeks out certain odors |
| Other:  |
| **Movement/Vestibular** | Caregiver | Provider |
| 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 down |
| Avoids balance activities |
| Does not like to be around people in motion |
| Bumps into things and/or people |
| Other:  |
| **Visual/Perceptual Motor** | Caregiver | Provider |
| 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:  |

# Sensory Supports

These checked items were identified as being applicable to the individual/student:

|  |  |  |
| --- | --- | --- |
| **Sound/Auditory** | Caregiver | Provider |
| Likes musicLikes to sing and dance | □□ | □□ |
| **Taste** |  |  |
| Has definite eating preferencesOther:  | □□ | □□ |
| **Sight/Vision** | Caregiver | Provider |
| Enjoys watching moving things/bright objects Enjoys patterns or shiny surfacesLikes TV, videos, video games Likes the computerOther:  | □□□□□ | □□□□□ |
| **Touch/Tactile** | Caregiver | Provider |
| Likes to be touchedLikes hugs and cuddling when he/she initiates it Likes to play in waterLikes baths or swimming pools Seeks out mud, sand, clay to touch Prefers deep touching rather than soft Prefers certain textures of clothingLikes being rolled or sandwiched between blankets/cushions Likes rough and tumble playOther:  | □□□□□□□□□□ | □□□□□□□□□□ |
| **Movement/Vestibular** | Caregiver | Provider |
| Enjoys rocking, swinging, spinning Likes being tossed in the airLikes to runLikes and needs to move Likes to climb; seldom fallsOther:  | □□□□□□ | □□□□□□ |
| **Visual/Perceptual Motor** | Caregiver | Provider |
| Relies on knowing location of furniture, stationary objects Likes to draw and reproduce figuresOther:  | □□□ | □□□ |

# Learning Skills

“1” meaning “can do independently” and “4” meaning “cannot do at all.”

|  |  |  |
| --- | --- | --- |
| **Learning/Work Skill** | Caregiver | Provider |
| 1. | 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. | 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, can walk away from the child and will keep working until finished, maintaining at least fairly good attention to what he/she is doing |  |  |
| 4. | 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. | 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. | 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 an object (anticipating that it’s about to return their), and/or wait for something to happen |  |  |
| 7. | May be distracted by outside sights and sounds or inner distractions 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. | When one activity is finished, will look for another to complete. |  |  |
| 9. | Can organize his/her responses to perform tasks when multiple materials are in front of him/her |  |  |
| 10. | Recognizes when one strategy is not working and tries another way |  |  |
| 11. | Recognizes his/her own mistakes and goes back and corrects them  |  |  |

1. ***Environmental Challenges***

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

* 1. Social Interactions with Others

Caregiver

Provider

* 1. Communication (understanding others and expressing self to others)

Caregiver

Provider

* 1. Learning Skills (knowing how to complete a tasks from start to finish)

Caregiver

Provider

# Environmental Supports

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

Social Interactions with Others

Caregiver

Provider

Communication (understanding others and expressing self to others)

Caregiver

Provider

Learning Skills (knowing how to complete a task from start to finish)

Caregiver

Provider

# Summary of Concerns

**Social and Leisure Skills**

|  |  |
| --- | --- |
| Caregiver | Provider |
| 1. | 1. |
| 2. | 2. |

**Communication Skills**

|  |  |
| --- | --- |
| Caregiver | Provider |
| 1. | 1. |
| 2. | 2. |

**Learning Skills**

|  |  |
| --- | --- |
| Caregiver | Provider |
| 1. | 1. |
| 2. | 2. |

**Adaptive Skills**

|  |  |
| --- | --- |
| Caregiver | Provider |
| 1. | 1. |
| 2. | 2. |

**Other**

|  |  |
| --- | --- |
| Caregiver | Provider |
| 1. | 1. |
| 2. | 2. |