

COMPASS Profile Self-Report

Name: _____ Date: _____

1. Likes, Strengths, Frustrations and Fears

The information you provide is vital in understanding how to build a competency model for yourself.

Directions: Please list all the activities, objects, events, people, food, topics, or anything that you prefer. 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 your fears and frustrations. Please be specific about the situations in which these occur and how you feel.

Frustrations:

Comments:

Fears:

Comments:

2. Adaptive Skills

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

| <u>Self Management</u> | Not at all | | | Very much |
|--|------------|---|---|-----------|
| Performing basic self-care independently (such as, dressing, maintaining hygiene) | 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 directions | 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 familiar from unfamiliar individuals in the community | 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, seatbelts) | 1 | 2 | 3 | 4 |
| Managing transportation (Cars/buses) | 1 | 2 | 3 | 4 |

3. Behaviors*

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

Not at all Very much

| | | | | | |
|-----|---|---|---|---|---|
| 1. | I act impulsively, without thinking | 1 | 2 | 3 | 4 |
| 2. | I hit or hurt others | 1 | 2 | 3 | 4 |
| 3. | I damage or break things that belong to others | 1 | 2 | 3 | 4 |
| 4. | I scream or yell | 1 | 2 | 3 | 4 |
| 5. | I have sudden mood changes | 1 | 2 | 3 | 4 |
| 6. | I have meltdowns | 1 | 2 | 3 | 4 |
| 7. | I have a low frustration tolerance; I become easily angered or upset | 1 | 2 | 3 | 4 |
| 8. | I cry easily | 1 | 2 | 3 | 4 |
| 9. | I am overly quiet, shy, or withdrawn | 1 | 2 | 3 | 4 |
| 10. | I act sulky or sad | 1 | 2 | 3 | 4 |
| 11. | I am underactive or lack energy | 1 | 2 | 3 | 4 |
| 12. | I engage in behaviors that may be distasteful to others, such as nose-picking or spitting | 1 | 2 | 3 | 4 |
| 13. | I touch myself inappropriately | 1 | 2 | 3 | 4 |
| 14. | I engage in compulsive behaviors; I repeat certain acts over and over | 1 | 2 | 3 | 4 |
| 15. | I hit or hurt myself | 1 | 2 | 3 | 4 |
| 16. | I become overly upset when others touch or move my belongings | 1 | 2 | 3 | 4 |
| 17. | I laugh/giggle at inappropriate times | 1 | 2 | 3 | 4 |
| 18. | I ignore or walk away from others during interactions | 1 | 2 | 3 | 4 |
| 19. | I touch others inappropriately | 1 | 2 | 3 | 4 |
| 20. | I engage in unusual mannerisms such as hand-flapping or spinning | 1 | 2 | 3 | 4 |
| 21. | I have to do things in the same exact way each time | 1 | 2 | 3 | 4 |
| 22. | I have difficulty calming myself 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 Skills*

Directions: Please rate the following statements on a scale of 1–4, with 1 meaning “not very well” and 4 meaning “very well” to indicate how well you do each of the following.

| | Very Well | | | Not Very well |
|---|-----------|---|---|------------------|
| Affective Understanding/ Perspective Taking | | | | |
| 1. Understanding what other people’s facial expressions mean? | 1 | 2 | 3 | 4 |
| 2. Understanding what other people’s “body language” means? | 1 | 2 | 3 | 4 |
| 3. Using a wide range of conventional facial expressions to express my feelings (for example, raised eyebrows to express surprise; a scowl to express anger)? | 1 | 2 | 3 | 4 |
| 4. Using a wide range of gestures or “body language” to communicate (for example, use an “OK” hand sign; cross arms when angry)? | 1 | 2 | 3 | 4 |
| 5. Understanding that other people can have thoughts and feelings that are different from my own? | 1 | 2 | 3 | 4 |
| 6. Understanding other people’s perspectives in a variety of situations (i.e., putting myself “in another person’s shoes”)? | 1 | 2 | 3 | 4 |
| 7. Understanding what makes other people feel basic emotions such as happiness, sadness, and fear? | 1 | 2 | 3 | 4 |
| 8. Understanding what makes other people feel complex emotions such as surprise, guilt, and embarrassment? | 1 | 2 | 3 | 4 |
| 9. Understanding how my behavior affects or impacts other people? | 1 | 2 | 3 | 4 |
| Initiating Interactions | | | | |
| 10. Initiating greetings to familiar people on my own? | 1 | 2 | 3 | 4 |
| 11. Inviting others to join in activities with me? | 1 | 2 | 3 | 4 |
| 12. Joining a group of peers who are already participating in another activity? | 1 | 2 | 3 | 4 |
| 13. Asking others in a direct manner for something I want? | 1 | 2 | 3 | 4 |
| 14. Asking others for help when I need it? | 1 | 2 | 3 | 4 |
| 15. Starting conversations with others? | 1 | 2 | 3 | 4 |
| 16. Interrupting others appropriately? | 1 | 2 | 3 | 4 |
| 17. Getting the attention of others before talking to them? | 1 | 2 | 3 | 4 |
| 18. Offering to assist others when they need help? | 1 | 2 | 3 | 4 |

Adapted from Ruble & Dalrymple, 2012

| | | | | |
|--|---|---|---|---|
| 19.Offering comfort to others when they are upset or hurt? | 1 | 2 | 3 | 4 |
| 20.Apologizing in a sincere way for hurting someone, without being reminded? | 1 | 2 | 3 | 4 |
| 21.Complimenting or congratulating other people for their accomplishments or good fortune? | 1 | 2 | 3 | 4 |
| Responding to Initiations | | | | |
| 22.Responding in a socially appropriate manner when I am greeted by others? | 1 | 2 | 3 | 4 |
| 23.Responding in a socially appropriate manner when others invite me to join an activity? | 1 | 2 | 3 | 4 |
| 24.Responding in a socially appropriate manner to questions or requests from others? | 1 | 2 | 3 | 4 |
| 25.Responding in a socially appropriate manner when others try to start conversations with me? | 1 | 2 | 3 | 4 |
| 26.Responding in a positive way to compliments? | 1 | 2 | 3 | 4 |
| Maintaining Interactions | | | | |
| 27.Interacting cooperatively with other people (e.g., sharing, taking turns, following rules)? | 1 | 2 | 3 | 4 |
| 28.Having conversations about a wide range of topics? | 1 | 2 | 3 | 4 |
| 29.Talking about things that interest the other person? | 1 | 2 | 3 | 4 |
| 30.Keeping a conversation going by sharing information <u>and</u> asking the other person questions? | 1 | 2 | 3 | 4 |
| 31.Asking for clarification or state uncertainty during conversations? | 1 | 2 | 3 | 4 |
| 32.Staying on the topic during conversations? | 1 | 2 | 3 | 4 |
| 33.Listening to what others say and use this information during conversations? | 1 | 2 | 3 | 4 |
| 34.Sharing a conversation by talking and listening for about the same amount of time? | 1 | 2 | 3 | 4 |
| 35.Maintaining eye contact with others during interactions? | 1 | 2 | 3 | 4 |
| 36.Speaking in an appropriate tone of voice during interactions (e.g., not too loud, soft, mechanical, or sing-songy)? | 1 | 2 | 3 | 4 |
| 37.Smiling to be friendly or to indicate to others that I like something? | 1 | 2 | 3 | 4 |
| 38.Respecting the personal space of others during interactions (i.e., not stand too close or too far away)? | 1 | 2 | 3 | 4 |
| Friendships | | | | |
| 39.Understanding what others do to be a friend? | 1 | 2 | 3 | 4 |

Adapted from Ruble & Dalrymple, 2012

| | | | | |
|---|---|---|---|---|
| 40. Understanding what I can do to be a friend? | 1 | 2 | 3 | 4 |
| 41. Understanding how friends are different from acquaintances? | 1 | 2 | 3 | 4 |
| 42. Understanding how to make friends? | 1 | 2 | 3 | 4 |
| 43. Understanding how to maintain friendships? | 1 | 2 | 3 | 4 |

*Items are based on the TRIAD Social Skills Assessment

5. Communication Skills

Directions: Please describe how you communicate through words or actions. Indicate any method you use to indicate the message. For example, if you use words, write what you say or if a combination of ways (e.g., words and gestures, actions and words) are used. For example, you do not use words, but instead you take another person's hand to request something, you would select "uses body or hand" and write 5 in the box. If you use words, you would select "uses speech" and write 1 in the box; or if a combination of ways are used, select from the menu below the primary way you communicate the message. Next, rate how effective this method is for you using a scale of 1-4, with 1 meaning "very effective" and 4 meaning "not at all effective."

| <u>Method</u> | <u>Description</u> |
|---|---|
| 1. I use speech | Spoken words, phrases, sentences |
| 2. I use sign language | Signed words, phrases, sentences |
| 3. I use a talking device | Electronic communication device, picture board, or objects |
| 4. I use gestures | Thumps up/down, reaching, pointing |
| 5. I use my body or hand | Stand next to what I want; I take a person's hand and lead to what I want |
| 6. I use facial expressions or eye gaze | Such as looking at something and then looking at someone, looking away, smiling, frowning |
| 7. I use non-speech sounds | Grunt, whine, laugh |
| 8. I use behavior | Such as tantrums, yelling, hitting, pinching, scratching |

Please write the **number** for the method of communication from the table above and the effectiveness of that method for each communicative message in the boxes below:

| | <u>Method of Communication</u> Put the number 1-8 from the table above | <u>Effectiveness</u> 1 'Very effective' 4 'Not at all effective' |
|------------------------|---|--|
| <u>Making Requests</u> | | |

Adapted from Ruble & Dalrymple, 2012

| | | |
|---|--|--|
| 1. Food | | |
| 2. Objects | | |
| 3. An activity | | |
| 4. To use the toilet | | |
| 5. Attention | | |
| 6. Help | | |
| 7. Leisure time | | |
| 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 | | |
| <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 you.

Sound/Auditory

| | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> I have been diagnosed with a hearing problem at some time | <input type="checkbox"/> <input type="checkbox"/> I fail to listen or pay attention to what is said to me |
| <input type="checkbox"/> <input type="checkbox"/> I react to unexpected sounds | <input type="checkbox"/> <input type="checkbox"/> I talk a great deal |
| <input type="checkbox"/> I fear some noises | <input type="checkbox"/> <input type="checkbox"/> My own talking interferes with listening |
| <input type="checkbox"/> <input type="checkbox"/> I am distracted by certain sounds | <input type="checkbox"/> <input type="checkbox"/> I am overly sensitive to some sounds |
| <input type="checkbox"/> I get confused about the direction of sounds | <input type="checkbox"/> <input type="checkbox"/> I seek out certain noises or sounds |
| <input type="checkbox"/> <input type="checkbox"/> I make self-induced noises | <input type="checkbox"/> <input type="checkbox"/> other: _____ |

Taste

| | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> I have an eating problem | <input type="checkbox"/> <input type="checkbox"/> I explore the environment by tasting |
| <input type="checkbox"/> <input type="checkbox"/> I dislike certain foods and textures | <input type="checkbox"/> <input type="checkbox"/> I put most things in my mouth |
| <input type="checkbox"/> <input type="checkbox"/> I will only eat a small variety of foods | <input type="checkbox"/> <input type="checkbox"/> I am constantly chewing on something |
| <input type="checkbox"/> <input type="checkbox"/> I taste/eat non-edibles | <input type="checkbox"/> <input type="checkbox"/> other: _____ |

Sight/Vision

| | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> I have trouble discriminating shapes, colors | <input type="checkbox"/> <input type="checkbox"/> I am excited by vistas and open spaces |
| <input type="checkbox"/> <input type="checkbox"/> I am sensitive to light—I squint, or want to wear hats or sunglasses | <input type="checkbox"/> <input type="checkbox"/> I hesitate going up or down stairs, curbs, or climbing equipment |
| <input type="checkbox"/> <input type="checkbox"/> I have trouble following with my eyes | <input type="checkbox"/> <input type="checkbox"/> I get upset by things looking different (spills, spots) |
| <input type="checkbox"/> <input type="checkbox"/> I do not make much eye contact | <input type="checkbox"/> <input type="checkbox"/> I make decisions about food, clothing, objects by sight |
| <input type="checkbox"/> <input type="checkbox"/> I am distracted by some/too much visual stimuli | <input type="checkbox"/> <input type="checkbox"/> I closely examine objects or my hands |
| <input type="checkbox"/> <input type="checkbox"/> I become excited when confronted with a variety of visual stimuli | <input type="checkbox"/> <input type="checkbox"/> I want the environment in a certain order |

| | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> I dislike having my eyes covered | <input type="checkbox"/> <input type="checkbox"/> other: _____ |
|--|--|

Touch/Tactile

| | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> I have to know if someone is going to touch me ahead of time <input type="checkbox"/> <input type="checkbox"/> I dislike being hugged <input type="checkbox"/> <input type="checkbox"/> I get irritated when touched or bumped by others <input type="checkbox"/> <input type="checkbox"/> I explore the environment by touching objects <input type="checkbox"/> I dislike the feel of certain clothing <input type="checkbox"/> <input type="checkbox"/> I refuse to touch certain things <input type="checkbox"/> <input type="checkbox"/> I over or under dress for the temperature or I am unaware of temperature | <input type="checkbox"/> <input type="checkbox"/> I don't like showers or rain on myself <input type="checkbox"/> <input type="checkbox"/> I mouth objects or clothing <input type="checkbox"/> <input type="checkbox"/> I refuse to walk on certain surfaces <input type="checkbox"/> <input type="checkbox"/> I dislike having my hair, face, or mouth touched <input type="checkbox"/> <input type="checkbox"/> I get upset by sticky, gooey hands <input type="checkbox"/> <input type="checkbox"/> I touch items with my feet before my hands <input type="checkbox"/> <input type="checkbox"/> I don't like to hold hands <input type="checkbox"/> <input type="checkbox"/> I pinch, bite, or hurt myself |
|--|--|

Smell/Olfactory

| | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> I am sensitive to smells | <input type="checkbox"/> <input type="checkbox"/> I ignore strong odors |
| <input type="checkbox"/> <input type="checkbox"/> I smell objects, food, people, toys more than others | <input type="checkbox"/> <input type="checkbox"/> I seek out certain odors |
| <input type="checkbox"/> <input type="checkbox"/> I explore the environment by smelling | <input type="checkbox"/> <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> <input type="checkbox"/> I react defensively to some smells | |

Movement/Vestibular

| | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> I am fearful in space/movement (teeter-totter, climbing) <input type="checkbox"/> <input type="checkbox"/> I arch my back when held or moved <input type="checkbox"/> <input type="checkbox"/> I spin or whirl myself around <input type="checkbox"/> <input type="checkbox"/> I move parts of my body a great deal <input type="checkbox"/> <input type="checkbox"/> I walk on my toes | <input type="checkbox"/> <input type="checkbox"/> I appear clumsy, bumping into things and falling <input type="checkbox"/> <input type="checkbox"/> I avoid balance activities <input type="checkbox"/> <input type="checkbox"/> I don't like to be around people in motion <input type="checkbox"/> <input type="checkbox"/> I bump into things and/or people <input type="checkbox"/> <input type="checkbox"/> other: _____ |
|---|--|

Visual/Perceptual Motor

| | |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> I have trouble with paper/pencil activities <input type="checkbox"/> <input type="checkbox"/> I have difficulty with time perception <input type="checkbox"/> <input type="checkbox"/> I have difficulty with my body in space, moving appropriately | <input type="checkbox"/> <input type="checkbox"/> I have problems organizing materials and moving them appropriately <input type="checkbox"/> <input type="checkbox"/> I am distracted by doors and cupboards being open, holes, or motion |
|--|---|

| | |
|---|---------------------------------------|
| <input type="checkbox"/> I have problems with use of some tools | <input type="checkbox"/> other: _____ |
|---|---------------------------------------|

7. Sensory Supports

Directions: Please put a check next to the item that pertains to you.

Sound/Auditory

| | |
|--|--------------------------------------|
| <input type="checkbox"/> I like music | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> I like to sing and/or dance | |

Taste

| | |
|---|---------------------------------------|
| <input type="checkbox"/> I have definite eating preferences | <input type="checkbox"/> other: _____ |
|---|---------------------------------------|

Sight/Vision

| | |
|--|--|
| <input type="checkbox"/> I enjoy watching moving things/bright objects | <input type="checkbox"/> I like TV, videos |
| <input type="checkbox"/> I enjoy patterns or shiny surfaces | <input type="checkbox"/> I like the computer |
| | <input type="checkbox"/> other _____ |

Touch/Tactile

| | |
|--|--|
| <input type="checkbox"/> I like to be touched | <input type="checkbox"/> I prefer certain textures of clothing |
| <input type="checkbox"/> I like hugs and cuddling when I initiate it | <input type="checkbox"/> I like being rolled or sandwiched between blankets/ cushions |
| <input type="checkbox"/> I like baths or swimming pools | <input type="checkbox"/> I like rough and tumble play |
| <input type="checkbox"/> I seek out mud, sand, clay to touch | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> I prefer deep touching rather than soft | |

Movement/Vestibular

| | |
|--|---|
| <input type="checkbox"/> I enjoy rocking, swinging, spinning | <input type="checkbox"/> I like to climb, seldom fall |
| <input type="checkbox"/> I like to run | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> I like and needs to move | |

Visual/Perceptual Motor

| | |
|---|---------------------------------------|
| <input type="checkbox"/> I rely on knowing the location of furniture, stationary objects | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> I like to draw and reproduce figures | |

8. Learning Skills*

Directions: Please answer each item on the scale of 1–4 as it presently applies to you, with “1” meaning “not at all” and “4” meaning “very much.” If the question does not apply, please write NA for “not applies.”

| | | | | | |
|-----|--|---|---|---|---|
| 1. | I clearly understand the end goal of an activity, recognize what I must do to be finished, and persist on the task to completion. | 1 | 2 | 3 | 4 |
| 2. | I realize when I am running into difficulty and have some way of letting someone know I need help. | 1 | 2 | 3 | 4 |
| 3. | Once an activity is under way, my teacher/parent can walk away and I will keep working until finished, maintaining at least fairly good attention to what I am doing. | 1 | 2 | 3 | 4 |
| 4. | I finish work and remember on my own to let my teacher/parent know (e.g., by bringing work to adult, calling adult, as appropriate). | 1 | 2 | 3 | 4 |
| 5. | I look forward to earning a reward, knows it’s next, work toward it, may ask for it or go get it on my own when work is finished. | 1 | 2 | 3 | 4 |
| 6. | I am able to wait briefly for a direction (anticipate that I am about to be asked to do something), am able to wait briefly for my turn (anticipating that it’s about to return to me), and / or wait for something to happen. | 1 | 2 | 3 | 4 |
| 7. | I may be distracted by outside sights and sounds or inner distractions but am able to refocus attention to work on my own after a short time and without a prompt or reminder from my supervisor. | 1 | 2 | 3 | 4 |
| 8. | When one activity is finished, I will look for another to complete. | 1 | 2 | 3 | 4 |
| 9. | I can organize my responses to perform tasks when multiple materials are in front of me. | 1 | 2 | 3 | 4 |
| 10. | I recognize when one strategy is not working and try another way. | 1 | 2 | 3 | 4 |
| 11. | I recognize my own mistakes and go back and correct them. | 1 | 2 | 3 | 4 |

*Items are based on the TRIAD Social Skills Assessment

9. Environmental Challenges

What things in the environment make learning hard for you?

9. Environmental Supports

What things in the environment help you learn?

10. Summary of Goals

Directions: Please list one or two goals under each area that you have about yourself as they pertain to succeeding at home, community, school, and work and being a competent person.

Social and Leisure Skills

1.

2.

Communication Skills

1.

2.

Learning Skills

1.

2.

Adaptive Skills

1.

2.

Other

1.

2.

11. Future Planning

What will I like to be doing 10 or 15 years from now?

The skills and behaviors that are being developed now will impact my competency in the future. My current goals and objectives become the building blocks to my future. Specific measurable goals and objectives need to be designed by the interdisciplinary team that move me towards the realization of the future plan. To the best of your ability, please answer the following:

Where will I be living? What will she/he be doing there?

What kind of work will I be doing? What skills are needed?

What leisure/recreational skills will I be doing?

With whom will I be doing activities?

What choices will I have about my life?

What general community survival skills will I need?

Who will help provide ongoing supports I may need?