



## Student Assessment Form



Compass Bible Church  
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Compass Bible Church  
Compass KIDS – Charting a Course for Life!

**Compass Friends**  
a customized place for kids with  
special needs to learn about God.

### Student Assessment Form

Our goal is to provide a time that is educationally and socially enriching to your child. We desire to give your child and family the personal care and attention needed to make coming to church a joyful and beneficial experience. Compass Friends meets twice a month in room A113.

**Please complete the form with information that applies to your child and his or her needs so that we may serve you better.**

Date: \_\_\_\_\_ Student's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F

Parent's names: \_\_\_\_\_

Parent's address: No. & Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School student attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Specific type of disability / special needs: \_\_\_\_\_

1. Diagnosis: \_\_\_\_\_

2. Description in lay terms: \_\_\_\_\_

Is your child on medication?  No  Yes – Type(s): \_\_\_\_\_

Seizures:  Yes  No Allergies: \_\_\_\_\_

Writing level: \_\_\_\_\_ Reading Level: \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

Area(s) needing assistance? \_\_\_\_\_

Child's understanding of God / relationship with Christ: \_\_\_\_\_

Prior church experience? \_\_\_\_\_



**Behavioral Assessment:**

**Please complete all areas, as appropriate.**

**Best learning environment (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Open spaces              | <input type="checkbox"/> Small group     |
| <input type="checkbox"/> Quiet                    | <input type="checkbox"/> Large group     |
| <input type="checkbox"/> Soft lighting            | <input type="checkbox"/> One on one      |
| <input type="checkbox"/> Unstructured (free flow) | <input type="checkbox"/> Lots of choices |
| <input type="checkbox"/> Structured               | <input type="checkbox"/> Limited choices |

**Behavior (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Shy                                      | <input type="checkbox"/> Sensitive to noise levels                   |
| <input type="checkbox"/> Outgoing                                 | <input type="checkbox"/> Responds well to correction                 |
| <input type="checkbox"/> Plays alone                              | <input type="checkbox"/> Responds to correction with difficulty      |
| <input type="checkbox"/> Plays in groups                          | <input type="checkbox"/> Sometimes destructive                       |
| <input type="checkbox"/> Hyperactive and/or ADD                   | <input type="checkbox"/> Sometimes threatens to hurt others          |
| <input type="checkbox"/> Adapts to new situations well            | <input type="checkbox"/> Sometimes hits, bites, or hurts self/others |
| <input type="checkbox"/> Adapts to new situations with difficulty | <input type="checkbox"/> Sometimes runs away                         |
| <input type="checkbox"/> List other sensitivities _____           |  |

My child's strengths are \_\_\_\_\_

My child responds to separation from his/her parents only, by \_\_\_\_\_

My child is best comforted by \_\_\_\_\_

My child lets me know what he/she wants/needs by \_\_\_\_\_

**Please complete the following questions, as appropriate.**

1. Describe a potential behavioral issue your child may exhibit in class. (i.e., hits, runs away, throws objects, self-abuse, etc.)

\_\_\_\_\_

\_\_\_\_\_

2. What happens prior to, or what causes, this behavior? Is it usually in response to something else?

\_\_\_\_\_

3. What cues are noticeable prior to this behavior? \_\_\_\_\_

\_\_\_\_\_

4. What is the most successful way to deal with or redirect this behavior? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What is a positive reinforcement that is effective with your child; that can be used in class?

\_\_\_\_\_

\_\_\_\_\_



**Physical Assessment:**

Activities your child does not enjoy: \_\_\_\_\_

Play activities that my child enjoys, or participates in are: \_\_\_\_\_

Additional information that would be helpful: \_\_\_\_\_

**Verbal Assessment:**

Vision:  Normal  Impaired  Blind

Hearing:  Normal  Impaired  Deaf  Hearing Aid

Motor:  Head Control  Rolls over  Sits  Crawls  Cruises  Walks  
 Crutches  Braces  Walker  Wheelchair

Please describe any special positioning needs your child may have: \_\_\_\_\_

Can communicate with others using:

Speech  Words  Phrases  Sentences  Babbling  Gestures

Sign Language  Other (describe): \_\_\_\_\_

Can understand what others say:

All of the time  Most of the time  Some of the time  Recognizes voices of family members

**Toileting Assessment:**

Independent  Currently being toilet-trained  Toilet-trained; needs assistance

Requires catheterization Diapers:  Cloth  Disposable

How does your child indicate the need to use the toilet? \_\_\_\_\_

Indicate special toileting needs or schedule: \_\_\_\_\_

**Eating Assessment:**

Foods / Beverages we should not give your child: \_\_\_\_\_

Assistance needed with eating / drinking?  No  Yes – Briefly explain need: \_\_\_\_\_

**Prayer:**

How can we pray for you, your child and your family? \_\_\_\_\_

Thank you for taking the time to provide thoughtful and complete information. We are here to serve you. Please submit completed form by mail to the address below, attention Susan Grover or hand deliver.

(for office use only)

**Compass Friends Assignment Checklist**

Interview date \_\_\_\_\_ By \_\_\_\_\_

Compass Friends form completed \_\_\_\_\_  
initial date

Placement \_\_\_\_\_  
initial date



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