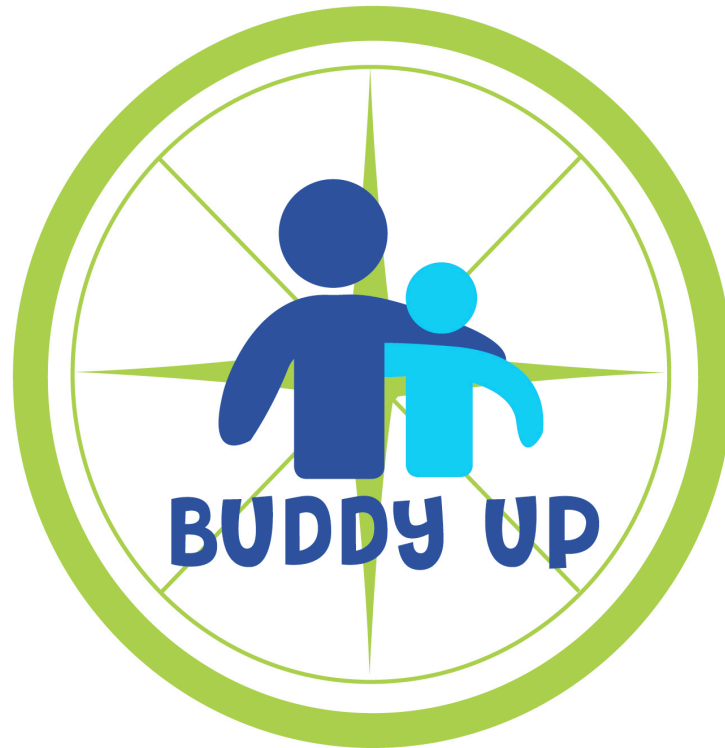




NAME _____



Student Assessment Form



Compass Bible Church
140 Columbia
Aliso Viejo, CA 92656

Susan Grover – Director of KIDS Ministry
Phone: 949.540.0699
susan@compasschurch.org



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

BUDDY UP
a one-on-one ministry for kids with special needs.

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.

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

Service Preference: Saturday 5pm Sunday 9am 11am

How often do you usually attend church? 1 x mo 2 x mo 3 x mo every weekend

Weekday Ministry: (circle all that applies) M T W Th 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, throw 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)

Buddy Up Assignment Checklist

Interview date _____ By _____

Buddy Up form completed _____
initial date

Placement _____
initial date

Name of 'Buddy' Assigned _____

Contact Phone _____ Email _____



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