



Compass Coach Information Sheet

Name: _____

Age: _____ Grade: _____

Parents Name: _____

Allergies or Health Concerns _____

Restrictions (physical or activity related): _____

My child usually does NOT enjoy: (stories, pretend play, music, recreation, crafts, etc)

My child loves to: (calming activities) _____

Behaviors you should know about my child: (wanders away, runs, etc.)

Fears you should know about my child: (loud noises, crowds, new people, etc.)

Any other information you feel would be helpful to know about your child: