

# Compass Coach Ministries



Dear Parents/Guardians,

Our number one goal for our Compass Coach Ministry is to provide a safe, loving and Christian environment for all children. Please read the guidelines and follow them. If you have any questions, please check with the Creation Station Room Servant on Sunday.

1. Children may arrive at the Creation Station Room (122) anytime after 9:30 am on Sunday mornings. If there is only one teacher or volunteer when you arrive, please do not leave your child. There must be two people at all times even if there is only one child.
2. Make sure volunteers know which class or service you will attend. We will call your cell phone or send a volunteer to the area you are in if we need to reach you.
3. If your child will not be at church on a particular Sunday or at an event for which you have requested child care and you know in advance, please let us know by email ([childrensministry@fumcowasso.org](mailto:childrensministry@fumcowasso.org)) or by leaving a message on the church answering machine 272-5731.
4. If your child only attends one class period, it is helpful to know which one he/she will be attending in order to schedule the proper number of coaches. If you show up for a service that you normally do not attend or if we do not know ahead of time that you are coming, we may have to ask you to stay with your child if we do not have enough coaches to cover your child for that day.
5. Student profiles must be brought up to date and signed each year. If any information changes on your child's student profile or the medical condition of your child changes, please update the profile with the current information, date and sign it.
6. Please make sure that your child does not need to be changed before you leave them. If your child stays for two services and you think they may need to be changed, please come by the Creation Station Room and check them between services. If we are aware that your child needs to be changed and we feel they cannot wait to be changed before the service is over, we may call you on your cell or send a volunteer to let you know.

Thank you for the opportunity to coach your child through their faith journey and please let us know if there is anything further you need from us. If you have any questions, please contact Corrina Robinson at the church office or by e-mail at [childrensministry@fumcowasso.org](mailto:childrensministry@fumcowasso.org)

Blessings to you!

Compass Coach Ministries  
First United Methodist Church  
Owasso, Oklahoma

*Compassionate Friends for Special Needs Children*

### Student Profile



First United Methodist Church of Owasso

Compass Coach Ministries Form

Today's Date: \_\_\_\_\_

Name of the student: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Sunday School grade level desired: \_\_\_\_\_

#### **Family:**

Mother: \_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Father: \_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Guardian: \_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_ Other Phone: (\_\_\_\_)\_\_\_\_\_

Email Addresses: \_\_\_\_\_/\_\_\_\_\_

Do you check email on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

Recent Family Changes: (moving, parent separation, parent traveling, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Child Profile:**

Briefly describe your child's needs:

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How does your child ambulate?

walks    crawls    wheelchair    walker    rolls

**Communication Needs:**

predominantly non-verbal    somewhat verbal    predominantly verbal

How does your child communicate? Example: verbal, words, sign language, PECS – Please give specific examples of gestures or signs for certain words:

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Does your child read  Yes    No   Reading Level: \_\_\_\_\_

Does your child enjoy being read to?  Yes    No

**Dietary and Feeding Needs:**

List any food restrictions or allergies:

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Does your child drink from \_\_\_\_\_ cup   \_\_\_\_\_ sipper cup   \_\_\_\_\_ bottle?

Snack foods your child enjoys: \_\_\_\_\_

Does your child require \_\_\_\_\_ supervision   \_\_\_\_\_ physical assistance while eating?

List any special equipment or positioning needed for feeding:

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**Health/Medical Information**

Do you have a medical plan of care for emergency procedures? \_\_\_\_Y \_\_\_\_N

(If so, please attach a copy. The same plan you have for school or a child care provider.)

Is your child subject to seizures? \_\_\_\_Yes \_\_\_\_No If yes, is there an event that may precipitate a procedure: (falling, lights, etc.)

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If your child has a seizure, do you wish to be called out of Sunday school or from worship? \_\_\_\_ Y \_\_\_\_ N

In the event of a seizure, what action should be taken?

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Does your child require specialized medical assistance at home or school? \_\_\_\_Y \_\_\_\_N

If so, please explain the reason for assistance:

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Please list medications taken:

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Please list any allergies, the severity of reaction and the steps that should be taken if your child has a reaction:

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Physician: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

**Toilet/Hygiene Needs:**

Please specify your child's needs:

\_\_\_\_\_ Independent in the restroom      \_\_\_\_\_ Needs a helper to go into the restroom  
\_\_\_\_\_ In the process of being potty trained      \_\_\_\_\_ Wears pull-ups or diapers

Other information:

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Describe any signs or gestures that may indicate child's need to be changed or taken to the restroom:

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Does your child under 4 need changing during:

Sunday services?    \_\_\_Y    \_\_\_N    Other activities over one hour?    \_\_\_Y    \_\_\_N

*To comply with our Safe Sanctuary Guidelines, if your child is age 5 or older you will be asked to change them during Sunday school, church or between services.*

**Behavior:**

What is typical behavior of your child?

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Are there certain behaviors that teachers and volunteers should be aware of ( hits, bites, etc.) ?

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What are your suggestions for how your child's coach should handle these behaviors:

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How do you handle non-compliant behavior at home, and is it your request that the coach use this method?

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Does your child have separation anxiety when they are dropped off by a parent and if so, what are your suggestions to make this transition easier for the child?

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Are transitions between activities difficult for your child? If yes, what are you suggestions to make these transitions easier:

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Special fears (loud noises, etc.):

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***Does your child tend to wander away? \_\_\_ Y \_\_\_ N*** If the child and coach were to take a walk around the church, would the child stay with the coach? \_\_\_ Y \_\_\_ N

***Does your child put small items in his/her mouth? \_\_\_ Y \_\_\_ N***

You child's personal likes and dislikes (hand holding/personal contact, items, sounds, etc.):

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**Programs/Curriculum:**

What activities would you like your child to participate in:

- \_\_\_ Sunday School    \_\_\_ Vacation Bible School    \_\_\_ Children's Choir  
\_\_\_ Youth Band    \_\_\_ Worship (\_\_\_ 9:40 \_\_\_ 11:00 \_\_\_ 11:11)    \_\_\_ Summer Camp  
\_\_\_ Mission Work    \_\_\_ All of these    Other: \_\_\_\_\_

Is your child able to participate in grade level Sunday school classes with a coach? \_\_\_\_\_

If yes, please answer the following questions; if no, please go to the Creation Station Class room section.

Which hour of Sunday school would you like your child to regularly attend? 9:40 or 11:00

What are some characteristics you would like to see in your child's coach/personality traits that your child enjoys:

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Can your child have more than one coach who works with him/her (on a rotational basis) or do they need the same coach each week?

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**Early Childhood: Nursery and Pre-K (9:40 and/or 11:00)**

What activities does your child enjoy? What does your child not enjoy/or is unlikely to participate in?

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**The Journey: Grades K – 5 (9:40 Sunday school hour)**

Please indicate which classroom activities your child enjoys and which they do not enjoy/or are unlikely to participate in (cooking/art/movies/music/computers, etc):

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**11:00 Sunday School – Preschool through 1<sup>st</sup> Grade**

(2<sup>nd</sup> – 5<sup>th</sup> Grade are expected to go to Worship with their families)

Please indicate the classroom activities your child enjoys and which they do not enjoy and are unlikely to participate in (art, games, music, etc.): \_\_\_\_\_

**Youth: Grades 6-12 9:40 and/or 11:11**

Would your youth enjoy/participate in the small group format of youth discussions?

Would your youth prefer attending in a different class or volunteering during Sunday school?

Would your youth enjoy a contemporary worship experience at 11:11?

If yes to any of these, do they need support or modifications to participate?

**Creation Station Classroom:**

Which hour of Sunday school would you like your child to regularly attend? 9:40 or 11:00 ? \_\_\_\_\_

Which activities/parts of our curriculum does your child enjoy: (please indicate a strong dislike with a NO):

Reading/looking at Children's Bible and other books \_\_\_\_\_

Coloring/Activity Sheets \_\_\_\_\_ Movies \_\_\_\_\_ Toys/games \_\_\_\_\_

Arts/crafts \_\_\_\_\_ Computer/CD Players \_\_\_\_\_

Board games/turn-taking activities \_\_\_\_\_ Play dough \_\_\_\_\_

Sensory activities \_\_\_\_\_ Music/playing instruments \_\_\_\_\_

Puppets \_\_\_\_\_ Dress up/Dramatic Play \_\_\_\_\_

Walking around the church \_\_\_\_\_ Playground visit \_\_\_\_\_

Other \_\_\_\_\_

If there is any additional information you think might be helpful to know about your child, please state:

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**Parent/Caregiver Resource Center:**

Would any of these resources be beneficial to you or your family?

\_\_\_\_\_ A Library of books relating to Special Needs \_\_\_\_\_ Local School Information

\_\_\_\_\_ Local Support Group Information \_\_\_\_\_ On-line Information

If at any time, relevant information about your child should change, please update this profile or contact the Children’s Ministry Director at the church office.

***Responsible supervision will be provided at all times; however, it is understood that First United Methodist Church of Owasso staff, volunteers or members will not be held liable for any accident or injury.***

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, as parent/guardian with legal responsibility for the child listed on this form, herby, grant permission to First United Methodist Church of Owasso, Oklahoma the right to use photographs or video taken of my child/dependant for any legitimate purpose without compensation to my child/dependant, myself, my or my child/dependant’s heirs, executors, or assigns. Legitimate purposes may include, but are not limited to, advertising on the web, in newspapers, magazines, internal publications, displayed prints, worship services, special events, curriculum, etc.

YES or NO

Parent/Guardian SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_