

Adaptive Swim Lessons at Osher Marin JCC

Swimmer Information Form

Please provide as much detailed information as possible. This information will be reviewed by our physical therapist and given to the instructor to help them give your swimmer the best experience possible.

SWIMMER INFORMATION

Swimmer's Name:

Parent/Guardian Name(s):

Diagnosis:

Swimmer's Date of Birth:

ACTIVITY INFORMATION

1. Has the swimmer taken any swim lessons before? YES NO
2. Please describe the swimmer's water experience. Are they comfortable in the water? Do they have a fear of water?
3. Have they used a life jacket or other flotation device? If so, have they used the device to float independently?
4. Please check all that apply:
Independent swimmer Can float independently Needs physical assistance to float
Can tread water Can kick independently Can kick with assistance
Can put nose & mouth in water Can put head under water Does not like water on eyes/ears
5. Does the swimmer need assistance getting into the pool? If so, please describe below.
6. Can the swimmer sit/stand independently? YES NO
7. Will the swimmer wait independently for his/her turn? YES NO
8. Does the swimmer use any assistive devices on land (wheelchair, communication device, etc)? If so, please describe below.

COMMUNICATION/ LEARNING INFORMATION

1. How does the swimmer communicate? Verbal, pictures, signs?
2. If the swimmer is non-verbal, do they have a way to communicate a consistent yes/no?
Sign for yes:
Sign for no:

3. Is there anything else you can tell us that will help the instructor communicate effectively with the swimmer?
4. Please describe any techniques that you use at home or school (i.e. key phrases, visual cues, hand cues, time out, stickers, charts, etc). Are there any triggers we should know about or specific calming/de-escalating techniques?
5. How does the swimmer respond to new people? Are there any ways to help them adjust?
6. Are there any behavioral issues we should be aware of (i.e. hitting, biting, hair pulling, etc)? If so, how should we respond to this behavior in the pool?
7. Please describe your child's ability to follow directions (i.e. can follow simple verbal directions, multiple verbal directions, requires visual/physical cues or redirection, etc).
8. Does the swimmer have favorite object, toy, TV/movie character? Would it help to use this during lessons? Any other "motivators"?
9. Does the swimmer have any fears or dislikes we should be aware of?
10. Does the swimmer have any allergies we should know about?
11. Does the swimmer have a seizure disorder? If so, please describe seizure activity below, including date of most recent seizure.
12. Is there anything else we should know about the swimmer that would help us when teaching him/her swimming lessons?

Signature of Parent/Guardian of Minor (under 18): _____ **Date:** _____.