



Dear Parents:

Preparation is often the key to success. Please complete the questionnaire below to help us provide supports and strategies appropriate for your child. We want to do everything possible to make your child's swimming experience an enjoyable one. Please use another sheet of paper or the back for additional explanations. If you have any questions or concerns, please contact Christine, our Special Needs Curriculum Coordinator. Thank you!!

Date _____ Session _____ Child's Age _____

Child's Name _____ DOB _____

Parent / Guardian Name _____ Phone number _____

Is there a name or a diagnosis for your child's condition? If so, please describe.

Does your child have any physical, visual, sensory or auditory challenges? If so, please describe.

How does your child communicate? Verbally? Sign language? Other?

Does your child use a Picture Exchange Communication System, social story or visual schedule at home or at school?

How is your child at following directions?

Does your child require processing or wait time? If so, please describe.

What helps your child to be organized and focused?

Does your child react to tactile stimulation (tags on clothing, touch, etc.)?

Is your child easily distracted? If so, please describe by what, noise, visuals, other kids?

Does your child chew his/her shirt or hair?

Safety is important especially around a pool. If you are not holding your child's hand will they run? Would they sit on our in-water steps and wait their turn?

What is your child's past experiences with water or swimming experience? Does your child enjoy or avoid water? Does your child prefer taking a bath or a shower? Does your child like to get his/her head wet? Do you have a pool at your home?

What motivates your child, particularly when it comes to doing things he/she prefers not to do? (humor, music, toys, competitiveness, etc.)

Does your child attend physical therapy or other therapy (music, speech, etc.)? Since swimming is a non-weight bearing sport requiring breath control, is there something from these therapies we could carry over to swimming?

What do you and your child hope to accomplish through swim lessons?

Are there any specific safety goals that you wish to accomplish through swim lessons?

Long term goal for swimming lessons:

This session I would like my child to learn to (short term goal) _____