

# Swimmer Assessment Form



## **Hand in Hand Program:**

Looking for additional support for your child's recreational activities? Introducing the Hand in Hand program, designed to facilitate the inclusion of individuals who may benefit from extra assistance in standard recreational programs.

Complete the form and submit it to [swim@townofriverview.ca](mailto:swim@townofriverview.ca) after you have registered your swimmer. From there, our team will help advise you on which class days/times are available for the Hand in Hand program.

Fees: Standard registration fees apply.

<b>Swimmer Name:</b>	<b>Swimmer Age:</b>
<b>Swimming Level:</b>	<b>Date (dd-mm-year):</b>

### **Swimmer Diagnosis (if known):**

- Cerebral Palsy       Autism/PDD       Down Syndrome  
 ADD/ADHD       Global Development Delay       Other \_\_\_\_\_

**Does your swimmer have any behavioural issues we should be aware of (i.e., hitting, biting, overly affectionate with others, etc.)?**

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**If so, how would you recommend responding to this behaviour?** \_\_\_\_\_

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**Is there any medical information or specific needs we should be aware of to ensure a safe and enjoyable swimming experience for your participant?** (i.e., Asthma, severe allergies, negative experience around water, etc.)

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**Does your swimmer have seizures?**       Yes       No

If yes, what does your swimmer's seizure look like (if known)? \_\_\_\_\_

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### **Can your swimmer ...**

- Sit independently?       Yes       No      Wait independently for their turn?       Yes       No  
Stand independently on deck?       Yes       No      Go comfortably into deep water?       Yes       No

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Stand independently in the pool?  Yes  No

### Your swimmer requires assistance with ... (please be specific)

Transferring in/out of the wheelchair \_\_\_\_\_  
Walking \_\_\_\_\_  
Communicating \_\_\_\_\_  
Remaining focused on a task \_\_\_\_\_  
Other \_\_\_\_\_

### How does the swimmer learn most effectively? (check all that apply)

Verbal directions  Physical manipulation  
 Demonstration  Other: \_\_\_\_\_

Is there anything else that you can report that will help your swimmer's instructor **communicate effectively** ('yes'/'no' signs, picture symbols, hand signs, etc.)? \_\_\_\_\_  
\_\_\_\_\_

### Please mark equipment that **IS or HAS BEEN** effective with your swimmer :

Noodle  Tube  Mat  Aquafit Belt  Flutter board  
 Balls  PFD  Sinking toys  Water Walker  Barbells  
 Mirror  Goggles  Webbed gloves  Rain bucket  Floating toys  
 Other: \_\_\_\_\_

Is there a colour that triggers a **positive** response from your swimmer? \_\_\_\_\_

Is there a texture that triggers a **positive** response from your swimmer? \_\_\_\_\_

### Please mark equipment that **IS NOT or HAS NOT BEEN** effective with your swimmer :

Noodle  Tube  Mat  Aquafit Belt  Flutter board  
 Balls  PFD  Sinking toys  Water Walker  Barbells  
 Mirror  Goggles  Webbed gloves  Rain bucket  Floating toys  
 Other: \_\_\_\_\_

Is there a colour that triggers a **negative** response from your swimmer? \_\_\_\_\_

Is there a texture that triggers a **negative** response from your swimmer? \_\_\_\_\_

Is there anything that your swimmer loves to do? \_\_\_\_\_  
\_\_\_\_\_

Is there anything that your swimmer is uncomfortable doing? \_\_\_\_\_  
\_\_\_\_\_

What are the goals for your swimmer? (i.e. social integration, putting their face in the water, learning to be safe around water, learning swimming techniques, etc.) \_\_\_\_\_

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Are there any **tips/tricks** you, or previous instructors, have used to help classes run smoothly and effectively? \_\_\_\_\_

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Is there anything else you would like us to know before we start working with your swimmer?

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Parent/guardian Name (print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name (print): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_