

Swimmer Assessment Form
For Integrated Lessons



Hand in Hand Program:

Need an extra set of hands to help your child? Let us know! This program focuses on integration for individuals that may require some extra assistance in order to participate in a standard recreational program. Don't pay extra for private lessons when your child can receive their own personal instructor in a group lesson!

Just register them into a lesson on Tuesdays or Saturday mornings and then complete the form.
Email completed for to: swim@townofriverview.ca

Fee: normal registration fees apply.

Swimmer Name:	Swimmer Age:
Swimming Level:	Date (dd-mm-year):

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.)? _____

If so, how would you recommend responding to this behaviour? _____

Please note any important medical information that you know of, of which the instructor should be made aware (i.e. Asthma, severe allergies, etc.) _____

Does your swimmer have a seizure disorder? Yes No

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

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
Stand independently in the pool? Yes No

Swimmer Assessment Form
For Integrated Lessons



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** with him/her ('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.) _____

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

Swimmer Assessment Form

For Integrated Lessons



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

Parent/guardian Name (print): _____

Parent/guardian signature: _____

Date: _____

Employee Name (print): _____

Facility Name: _____

Date: _____