



Adaptive Swim Assessment Form

Child Name

Child Age

Parent/Guardian Name

Phone

Email Address

Date

Address

City

State

Zip

Preferred Day/Time For Lessons

Lesson Length

 30 Minutes 60 Minutes

Has your child taken swim lessons before?

 Yes No

Is your child comfortable in the water?

 Yes No

What is your child's level of experience in the water?

Does your child require special accommodations?

Does your child have any medical conditions or diagnoses we should be aware of? If yes, please describe.

How does your child respond to new environment or activities?

Describe your child's challenges with swimming (ex: difficulty with transitions, attention span, etc.).

Describe your child's swimming strength, likes, goals, and preferences.

Please check below to indicate your child's familiarity with the following swimming skills:

- | | | | | | |
|----------------------|--|-----------------------|--|----------------|--|
| Walks in Water | <input type="checkbox"/> Yes <input type="checkbox"/> No | Blowing Bubbles | <input type="checkbox"/> Yes <input type="checkbox"/> No | Breaststroke | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Swims with Equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Submerging | <input type="checkbox"/> Yes <input type="checkbox"/> No | Butterfly | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Swims with PDF | <input type="checkbox"/> Yes <input type="checkbox"/> No | Jumping In | <input type="checkbox"/> Yes <input type="checkbox"/> No | Side Stroke | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Swims with Floats | <input type="checkbox"/> Yes <input type="checkbox"/> No | Side Breathing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sculling | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Front Float | <input type="checkbox"/> Yes <input type="checkbox"/> No | Streamline | <input type="checkbox"/> Yes <input type="checkbox"/> No | Treading Water | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Back Float | <input type="checkbox"/> Yes <input type="checkbox"/> No | Front Crawl/Freestyle | <input type="checkbox"/> Yes <input type="checkbox"/> No | Survival Float | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Changing Directions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Back Crawl/Backstroke | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enters Safely | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rollovers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Elementary Backstroke | <input type="checkbox"/> Yes <input type="checkbox"/> No | Exits Safely | <input type="checkbox"/> Yes <input type="checkbox"/> No |

When completed, please send this form to swimschool@gwymca.org and a Swim School Representative will be in touch soon.