



Adaptive Aquatics Intake Form

Participant's Last Name: _____ Participant's First Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Home Phone: _____ Cell Phone: _____

Sex: M F Height: _____ Weight: _____ Date of Height & Weight: _____

Email address: _____

Legal Guardian (if not self): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Home Phone: _____ Cell Phone: _____

Current Grade: _____ Teacher/Support Staff: _____

Support Agency's Contact Information:

Goals/Outcomes

Please explain/list what you and the student would like to achieve from participating in swim lessons.

Please describe any previous experiences the participant has had with swim lessons or water environments.

Participant's Preferences *(Check all that apply)*

Interactive Preference

- Individual
- Small Group (2-3 students)
- Large Group (4+ students)
- Other (please describe)

Program Structure

- Highly structured
- Lots of variety
- Loosely structured
- Minimal transitions
- Other (please describe)

Safety

- Responsible for belongings
- Known to wander/run
- Recognizes Danger
- Responds to his/her name

Activity Preference

- Indoor Activities
- Outdoor Activities
- Movement Activities
- Competitive Activities
- Noisy Activities
- Quiet Activities
- Independent Activities
- Music
- Other (Please Describe)

Scheduling Needs

- Sensory Breaks
- Bathroom Breaks
- Other (Please Describe)

General Participation

- Self-Initiating
- Participates if others initiate
- Responds to direct instructions
- Needs consistent instructions to participate
- Difficulty participating in organized activities

Cognition *(Check all that apply)*

Expressive Communication

- Functional Speech
- Gestures
- Picture/photo book
- Sign language
- Isolated sounds
- Non-verbal
- Effectively communicates needs
- Other (Please Describe)

Receptive Language

- Recognizes own name when spoken to
- Can process and act on directions immediately
- Needs time to process and act on directions
- Needs cues, prompts or directions repeated
- Does not process directions
- Responds to directions in a large group
- Responds to directions in a small group
- Responds to written directions
- Other (Please Describe)

Comprehension

When given a one or two step verbal direction does participant:

- Always understand
- Sometimes understand
- Rarely

Reading Skill

- Ability to comprehend written language
- Age level reading skills
- Limited reading ability
- Non reader
- Other (Please Describe)

Behavior (Check all that apply)

Behavior		Comments/Support Strategies
Anxious	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Easily discouraged	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Easily distracted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hyperactive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Impulsive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Limited activity tolerance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Severe fears	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Short attention span	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Not tolerant of others, easily agitated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wandering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Withdrawn/shy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emotional Expression	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verbally aggressive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Belligerent (sulks, refuses)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physically destructive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physically combative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Withdrawn	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has behavior or crisis management plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide plan to Aquatics Director

Daily Living *(Check all that apply)*

Mobility

- Walks independently
- Walks with assistance
- Non-ambulatory
- Difficulty with uneven surfaces
- Other (Please Describe)

Assistive Devices

- Orthotics
- Walker
- Cane
- Stroller
- Crutches
- Wheelchair
 - Manual
 - Power
- Other (Please Describe)

Eating

- Nothing by mouth (NPO)
- G-tube
- Other (Please Describe)

Transfers

- Transfers independently
- Assistance
 - 1 person assist
 - 2 person assist
- Bears own weight
- Non weight bearing
- Chair lift needed
- Further Instructions:

Dressing

- Independent
- Some assistance
- Full assistance
- Assistance with:
 - Buttons/snaps
 - Zippers
 - Shoes/socks
 - Other
- Further Instructions:

Bathroom Use

- Independent in the bathroom
- Requires reminder
 - How Often? _____
- Disposable undergarments
- Uses toilet with physical assistance
- Further Instructions:

Accommodation Request

Based on the participant's disability, please indicate what accommodations you feel are necessary in order for him/her to participate in the aquatics program.

Adaptive Aquatics Participation & Registration Agreement

1. I understand that there will be an “in person” consultation with the Aquatics Director and/or Swim Instructor prior to the first swim lesson.
2. I understand that best efforts will be made to accommodate the participants during all aquatics activities. I understand that if the participant needs specific accommodations that are not included on these forms, I will communicate those needs to the Aquatics Director at least two weeks prior to the start of the lessons. I understand that the Aquatics Director will contact me prior to the start of lessons to notify me if accommodations can or cannot be met.
3. In the event of an emergency where 911/emergency personnel need to be called, I give my consent to release these records for the purpose of assisting medical personnel with the care of my child.

_____ Yes (Initials) _____ No (Initials)

4. I have been spoken to by a facility representative about the facilities policies and procedures on pool closures/make up days.
5. I hereby DO give consent to let the participant be photographed for use by facility in the media for purpose of publicity or marketing. _____ Initials
 I hereby DO NOT give consent to let the participant be photographed for use by the facility for media purpose of publicity or marketing. _____ Initials
6. I have provided medical paperwork specific to this person that can be shared amongst swim/aquatics facilities upon my request (in the event they are taking swim lessons at other centers and to avoid having to resubmit these items). _____ Initials

I have read and understand the registration agreement and agree to abide by all the policies and procedures stated within.

Signature: _____

Relationship: _____ Date: _____

