



VECOVA™

**Adapted Swimming Lessons - Kids & Teens
Intake Information**

In order to assist us in placing your swimmer in an appropriate class grouping, please give us any known information about your child and their water experience below.

Swimmer Name: _____
Date of Birth: _____
Emergency Contact Information: _____

Why did you choose Adapted Swimming Lessons?

Past Swimming/Water Experience: - please record any additional notes on the lines below each

Fear of Water?	Yes	No	Unsure

Breath control?	Yes	No	Unsure

If applicable, what was the last swim level your child completed?

If applicable, please provide details about your child's progress in developing functional swim movements, such as gliding, doggy paddle, flutter kick, or front/back crawl.

Personal Information:

Toilet training:	Completed	Work in Progress	Not Started	Not Applicable
Response to touch:	_____			
Communication preference:	_____			
Response to social settings/group work:	_____			
Environmental triggers:	_____			
Emotional triggers:	_____			
Behavioural concerns:	_____			

Do you have any specific instructions for the swim instructor about the above information?

What are three goals the swimmer has for this session?

- 1.
- 2.
- 3.

What are three goals the parent/caregiver has for the swimmer for this session?

- 1.
- 2.
- 3.

What learning styles or methods are most effective for your swimmer?

Medical and Physical Information:

History of seizures? **Yes** **No**

If yes, what type, how frequent, when was their last seizure, how long do they typically last, and is your child on any seizure related medications?

What is the emergency action plan if a seizure occurs during swim lessons?

Does your child have any exercise related restrictive conditions? **Yes** **No**

This includes cardiac or respiratory conditions, G-tubes, allergies, and any other conditions which may restrict movement. If yes, please list below.

Does your child have any visual or auditory impairments? **Yes** **No**

If yes, please list in the space below and provide any additional information the swim instructor should know.

Does your child have any mobility challenges or restrictions? **Yes** **No**

If yes, please list in the space below and provide any additional information the swim instructor should know.

If there is any additional information you would like to include about your child, please include it in the blank space below. This can include any other medical/physical information, your child's special interests and/or their favourite water related activities.