



## Brooks Family YMCA Diverse Abilities Private Swim Lessons

### STUDENT CONSULTATION AND INTAKE FORM

*Thank you for choosing the YMCA for your family's learn-to-swim and wellness needs. We invite you to join us for a conversation so that we can better understand your needs and ensure your family receives the necessary support. While this consultation is not a requirement for participation in swim lessons, the information we gather during the consultation helps us ensure you receive the highest quality instruction and the benefits of all we have to offer. The information collected during the consultation will remain confidential.*

Today's Date: \_\_\_\_\_ Preferred Consultation Dates: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Guardian Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

#### GOALS

What, if any, specific goals do you have for the student in swim lessons (check all that apply)?

Physical: strength, endurance, balance, motor skill development (please specify below)

\_\_\_\_\_

Aquatics: comfort in water, safety around water, basic swimming skills, advancing swimming skills (please specify below)

\_\_\_\_\_

Social: socialization and interaction with others (please specify below)

\_\_\_\_\_

Other (please specify below)

\_\_\_\_\_

#### HISTORY

Has the student been involved in swim lessons in the past?

Yes

No

If yes, please describe:

\_\_\_\_\_

List the student's known swimming skills:



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What is the student's previous experience with water (e.g., do they like the water, have they had a bad experience with water, etc.)?

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Is the student fearful of the water?

- Yes
- No

### **STRENGTHS AND INTERESTS**

What does the student do that makes you smile?

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What makes the student smile?

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What motivates the student (e.g., reward systems, positive encouragement, etc.)?

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What are the student's least favorite activities?

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### **AREAS OF SUPPORT**

What makes the student angry or sad? Are there situations, events, or types of stimuli that could trigger these feelings?

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What does it look like when the student is angry or sad? Is the student able to collect themselves afterward and return to a task?

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What should we do when these feelings are triggered?



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Are there additional things the student finds difficult or times when the student needs help (e.g., when transitioning from one activity to another)?

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**Communication Supports**

What is the student's preferred method of communication or learning (e.g., words, pictures, gestures, etc.)?

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How does the student ask for help?

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How does the student best take directions?

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**Assistive Technology**

Does the student use any communication devices?

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Does the student use any mobility support?

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**Medical Needs**

Does the student have any medical or physical restrictions in the water?

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Are there any medical concerns we should be aware of?

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How will the student enter the pool?



- Independently using the steps or sliding in when given permission to enter
- With assistance from another person

Does the student have difficulty with any of the following (check all that apply)?

**Physical**

- Gait
- Balance
- Coordination
- Strength
- Endurance
- Range of motion

Check how the student identifies in the following areas (check all that apply):

**Vision**

- No significant vision impairment
- Can see light/shadows
- Legally blind

**Hearing**

- No significant hearing impairment
- Mild loss
- Moderate/severe loss
- Deaf

**Speech/Communication**

- Verbal
- Nonverbal

**Cognitive**

- Short attention span
- Requires verbal cues to complete a task
- Able to follow simple directions
- Impulsive
- Easily distracted

**Hypersensitive to**

- Touch
- Noise/Volume
- Unfamiliar environment
- Heat
- Cold

Will the student use exercise/instructional equipment (pool noodle, float belt, barbells, etc.)?

- Yes
- No

