

# Swim Lesson Pre-Assessment Questionnaire

**Swimmer Name:** \_\_\_\_\_

**Please answer the following questions to the best of your ability:**

1. What is the goal for the swimmer for this program?
  - Increase comfort level in the water
  - Learn basic safety skills in and around the water
  - Learn to swim
  - Increase swim skill to compete in school or Special Olympic Competitions
  - Other: \_\_\_\_\_

*\*\*Please keep in mind it may take multiple sessions to achieve any of these goals. Some swimmers may develop skills quickly while others may take more time.*

2. What is the swimmer's current comfort level in the water?
  - Nervous or Fearful of water
  - Comfortable with body in the water but not face
  - Comfortable
  - Extremely Comfortable may not recognize dangerous situations
  
3. Has the swimmer ever been in a swim lesson before?
  - No this is the first
  - Yes, the swimmer has attended \_\_\_\_\_ swim lesson sessions.  
(specify number)

4. Please check any current swim skills the swimmer has...

<input type="radio"/> Enter & Exit water unassisted	<input type="radio"/> Front & Back float assisted	<input type="radio"/> Jump in Water unassisted
<input type="radio"/> Blow bubbles	<input type="radio"/> Front & Back float unassisted	<input type="radio"/> Front and Back Safety floats unassisted
<input type="radio"/> Put face in the water	<input type="radio"/> Flutter kick 10 yards	<input type="radio"/> Beginner Strokes unassisted
<input type="radio"/> Bob	<input type="radio"/> Front & Back Glides	<input type="radio"/> Beginner Strokes 15 yards.
<input type="radio"/> Jump to Teacher	<input type="radio"/> Move comfortably in the water	<input type="radio"/> Tread water for up to 5 seconds
<input type="radio"/> Kick on Wall	<input type="radio"/> Put whole self in water	<input type="radio"/> Retrieve object from underneath 5 feet of water
<input type="radio"/> Put whole head under water	<input type="radio"/>	<input type="radio"/>

5. What method helps the swimmer learn? (Please check all that apply)
- Demonstration
  - Pictures
  - Watching others
  - Physical prompting (ie helping child to move their arm as demonstrated, etc.)

6. Time Preference. **Please list 1st, 2nd, and 3rd choice. We will review the request and try to get your lesson around the time you request. This is not always possible. Time slots are on a first come first serve time based on when registration is received.**

9:00 am _____	9:30 _____	10:00 am _____
10:30 am _____	11:00 am _____	11:30am _____
12:00pm _____	12:30 pm _____	

7. Any other important information our staff should know about the swimmer?

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*Office use only:*

*Current Swim Level:* \_\_\_\_\_

*Swim Lesson Time:* \_\_\_\_\_

*Does this swimmer need to be one on one :*

- Yes
- No
  - Assigned swim partner:* \_\_\_\_\_

*Staff Assigned:* \_\_\_\_\_