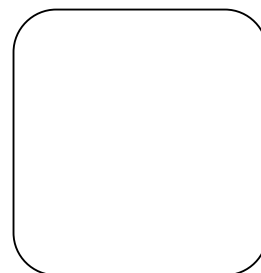


Swimming Lesson Special Needs Form



Student's name: _____ Date: _____

Student's age: _____ Room: **LC** _____ Teacher: _____

(Where appropriate please tick or cross)

Diagnosed condition/s:

- | | |
|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Attention Deficit |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Dysphagia (poor swallowing) |

Other: _____

Student's Communication

- Verbal Non Verbal Picture Exchange Other: _____

During lessons student will need to have _____ physically assisting.
(Education Assistant/ Teacher)

To access pool, student will need appropriate swimwear: i.e. swim nappy; Eenee and/or Conni brand bathers

Student's experiences from previous swimming lessons have been:

- difficult upsetting easy fun no previous lessons

Student's swimming skills (functional limitations):

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Kick legs | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Bend knees | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Flex ankles | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Flex wrists | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Lift / Turn head | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Move arms up and down | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Move arms from side to side | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Float on my back | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Float on my front | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Blow bubbles | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Breathe and blow | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Swim in own fashion | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Swim a recognised stroke | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Other: _____

Student will need aids to assist in the water, including:

- kickboard a noodle adult physical support goggles ear wrap/plugs
- other: _____

Student can become distressed by:

- water on the face the noise the smell whistles
- putting head under water splashing the cold water
- other: _____

At times student may not understand what has been asked to be done by teacher. In these situations, student may:

- cry scream shout hit bite push
- hit themselves run away want a rest refuse to participate
- other: _____

When student becomes distressed in the above mentioned ways it is best practice to:

- stay calm give student a break help student if necessary
- ask Ed Assistant/Teacher to take care of student remove from water
- other _____

Student responds well to:

- encouragement visual cues firm instruction
- toys songs rhymes
- other: _____

Student can bring favourite toy to lesson: _____ (must be able to get wet)

Student's favourite song is: _____

Please add any information you believe is relevant:

Thank you very much.

Name: _____

Signature: _____