Massi's Mission Swim Lesson Parent Questionnaire



Completing a scholarship application DOES NOT register a child for a program.

Please contact the location offering swim lessons separately to register your child for lessons.

To be completed by a parent or guardian – please print neatly.

YOUR NAME:	_
CHILD'S NAME:	_
ADDRESS:	
CONTACT PHONE NUMBER:	

BEHAVIOR

- 1. Does your child understand verbal cues? Picture cues? Hand motions? All of the above?
- 2. How best can we help your child when instructing him/her in the water? What reinforcers work best with your child? Does your child have any triggers that we should be aware of?Does your child have a favorite character(s) or show(s) which motivates him or her?
- 3. Does your child have any sensory issues that we should know about (i.e. sensitive to sounds or touch; seeks movement) and if so, is there anything in particular that helps him/her stay organized and calm?
- 4. Do you have a therapist that would be available to assist your child at the swim lessons?

SWIM & SURVIVAL SKILLS

mfortable or Uncomfortable nild previously received swim lessons? If so, when and how long? ou see as your child's greatest strengths in or around the water?
ou see as your child's greatest strengths in or around the water?
ou see as your child's greatest deficits in or around the water?
n comfortably: (please check all that apply)
r using ladder/steps
using ladder /steps
mouth, nose, and eyes
entire head
les out of mouth and nose
under water
down in water 3x
ont with support O without support
ck with support O without support
merged object with eyes open
ont using combined arm and leg action with support O without support
ack using combined arm and leg action with support O without support
rwater
shoulder deep water
water over their head
Se Control of the Con
rater from the side
r ce ate