## 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<br>NAME:         |          |       |   |
|-----------------------|----------|-------|---|
| CHILD'S NAME:         | <u> </u> | ston. |   |
| ADDRESS:              |          |       |   |
| CONTACT PHONE NUMBER: |          |       | 4 |

## BEHAVIOR

- 1. Level of your child's understanding:
  - a. Does your child understand verbal cues?
  - b. Is your child verbal? \_
  - c. Does your child require picture cues?\_\_\_\_
  - d. Does your child understand hand motions?
  - e. Is there anything the instructors should know that will better help your child understand him/her:\_\_\_\_\_

- 2. How best can we help your child when instructing him/her in the water?
  - a. What reinforcers work best with your child?
  - b. Does your child have any triggers that we should be aware of?
  - c. Does your child have a favorite character(s) or show(s) which motivates him or her?
- Is your child fully toilet trained? \_\_\_\_\_\_
- 4. 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?
- 5. Does your child have any behaviors that could potentially cause harm to himself/herself or others (i.e. biting, hitting, scratching, thrashing) \*\*\*Your child will NOT be excluded from the program if he/she exhibits these behaviors. This question is so that we know how to best support your child.\*\*\*\*
- 6. Do you have a therapist that would be available to assist your child at the swim lessons?

## SWIM & SURVIVAL SKILLS

7. Please indicate your child's current comfort level in and around water?

Comfortable or Uncomfortable

- 8. Has your child previously received swim lessons? If so, when and how long?
- 9. What do you see as your child's greatest strengths in or around the water?

10. What do you see as your child's greatest deficits in or around the water?

- 11. My child can comfortably: (please check all that apply)
- □ Enter water using ladder/steps
- □ Exit water using ladder / steps
- □ Submerge mouth, nose, and eyes
- Submerge entire head
- □ Blow bubbles out of mouth and nose
- □ Open eyes under water
- □ Bob up and down in water 3x
- □ Float on front with support **O** without support
- □ Float on back with support **O** without support
- Pick up submerged object with eyes open
- Swim on front using combined arm and leg action with support
- **O** without support

**O** without support

- Swim on back using combined arm and leg action with support
- □ Swim under water
- □ Jump into shoulder deep water

□ Jump into water over their head

□ Tread water

□ Butterfly

Dive into water from the side

□ Breaststroke

Please indicate below which facility you are interested in acquiring lessons:

- Brigantine Aquatic Center
  3118 Bayshore Avenue
  Brigantine, NJ 08203
  609-266-7946
  Contact: Sari Carroll
- JCC
  501 North Jerome Avenue
  Margate, NJ 08402
  609-822-1147
  Contact: Alicia Fimple
- Tilton Fitness \*
  3022 Hingston Avenue
  Northfield, NJ 08234
  609-646-2590
  Contact: Katrina Abbott

\*Child must be potty trained at this facility

Please use the section below to tell us anything you believe would be helpful for us to know regarding the instruction of your child, including in and around the water.