Participation Information for Swimming Lessons

A Form for Programs and Agencies

Child’s Name: ____________________________  Age: ______

Our goal is to provide a positive experience for your child by understanding how we can best help him or her to participate successfully in swimming lessons. Thank you for taking the time to complete the questions below and we welcome your comments and feedback about our program.

What are your child’s goals for this swimming program? Please choose from the list provided and/or add comments below.

- [ ] improve comfort in the water
- [ ] learn to move more independently in the water (with or without a floatation device)
- [ ] to enjoy a social & recreational activity with peers
- [ ] work on a specific skill or skills (please note): __________________________

Additional comments:________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

On a scale from 1 to 10, I would rate my child’s comfort level with swimming lessons as:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all comfortable</td>
<td>Somewhat Comfortable</td>
<td>Extremely Comfortable</td>
<td></td>
<td></td>
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Here is a list of common issues that children may experience when participating in swimming lessons. Please check any of the issues that you would like to discuss in advance of the first lesson, so that we are able to work with you to develop a plan:

- [ ] managing in the change room (e.g., coping with noise, routine, smells, etc.)
- [ ] waiting in the corridor/on deck prior to the start of lessons
- [ ] leaving parent/caregiver and joining instructor to move to pool deck
- [ ] listening to instructions on the deck/in the water
- [ ] following instructions on the deck/in the water
- [ ] entering the water
- [ ] dealing with the noise level while in the pool
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☐ wearing equipment: goggles, nose plugs, ear plugs, flotation device
☐ temperature of the pool
☐ being held/supported in the water by the instructor
☐ exiting the water
☐ transitioning from swimming lesson back to change room
other(s): ________________________________________________

What are the best ways for us to help your child to have a fun and successful swimming experience?
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Please list any medical issues or concerns you may have related to your child’s participation in swimming lessons.
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

I would like to meet with my child’s instructor prior to the first swimming lesson:
☐ Yes
☐ No

Best way to contact me: (please provide name, phone number and/or email address):
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

If you are concerned about the physical accessibility of a facility and would like to gather more information prior to enrolling or attending an activity, please refer to Participation 101: Accessibility, available on CanChild’s Participation Knowledge Hub.

A Resource from CanChild’s Participation Knowledge Hub