the Y | YMCA ®

Swim Lessons Supplement for Diversity of Abilities

STUDENT CONSULTATION FORM

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The purpose of this intake form is to understand the needs of students with disabilities in swim lessons. This form is designed to be filled out during a video conference or in-person consultation, but it may be filled out and returned prior to the consultation if that is the only available option.

Date: _____   Student ID (provided by YMCA): _____

Student Name: _____   Birth Date: _____

Guardian Name: _____

Contact Phone: _____   Contact Email: _____

GOALS

What, if any, specific goals do you have for the student in swim lessons (check all that apply)?

☐ Physical: strength, endurance, balance, motor skill development (please specify below)

_____

☐ Aquatics: comfort in water, safety around water, basic swimming skills, advancing swimming skills (please specify below)

_____

☐ Social: socialization and interaction with others (please specify below)

_____

☐ Other (please specify below)

_____

HISTORY

Has the student been involved in swim lessons in the past?

☐ Yes

☐ No

If yes, please describe:

_____

Has the student been involved in aquatic programs at another YMCA or through another organization?

☐ Yes

☐ No

    If yes, what organization and what type of program?

    _____

    List the student's known swimming skills:

    _____

    What is the student's previous experience with water (e.g., do they like the water, have they had a bad experience with water, etc.)?

    _____

Is the student fearful of the water?

☐ Yes

☐ No

STRENGTHS AND INTERESTS

What does the student do that makes you smile?

_____

What makes the student smile?

_____

What motivates the student (e.g., reward systems, positive encouragement, etc.)?

_____

What are the student's least favorite activities?

_____

AREAS OF SUPPORT

What makes the student angry or sad? Are there situations, events, or types of stimuli that could trigger these feelings?

_____

What does it look like when the student is angry or sad? Is the student able to collect themselves afterward and return to a task?

_____

What should we do when these feelings are triggered?

_____

Are there additional things the student finds difficult or times when the student needs help (e.g., when transitioning from one activity to another)?

_____

Communication Supports

What is the student's preferred method of communication or learning (e.g., words, pictures, gestures, etc.)?

_____

How does the student ask for help?

_____

How does the student interact with others in a social setting?

_____

Assistive Technology

Does the student use any communication devices?

_____

Does the student use any mobility support?

_____

Medical Needs

Does the student have any medical or physical restrictions or is the student on any medical action plans?

_____

Are there any medical concerns we should be aware of?

_____

How will the student enter the pool?

☐   Independently using the steps

☐   With assistance from another person

Does the student have difficulty with any of the following (check all that apply)?

Physical

☐ Gait ☐ Balance ☐ Coordination ☐ Strength ☐ Endurance
☐ Range of motion

Check how the student identifies in the following areas (check all that apply):

Vision

☐ No significant vision impairment ☐ Can see light/shadows ☐ Legally blind

Hearing

☐ No significant hearing impairment ☐ Mild loss ☐ Moderate/severe loss
☐ Deaf

Speech/Communication

☐ Verbal ☐ Nonverbal ☐ Sign language

Cognitive

☐ Short attention span ☐ Requires verbal cues to complete a task
☐ Able to follow directions ☐ Impulsive ☐ Easily distracted

Hypersensitive to

☐ Touch   ☐ Noise/Volume   ☐ Unfamiliar environment   ☐ Heat

☐ Cold

Will the student use exercise/instructional equipment (pool noodle, float belt, barbells, etc.)?

☐   Yes

☐   No

☐   Unsure

Is the student continent?

☐   Yes

☐   No

Accommodations
This section restates all identified support needs of the student and the accommodation that will meet these needs.

Support Needs   **Accommodation**

_____

_____

_____

_____

_____

_____

What is the student's disability diagnosis?

_____

Additional comments:

_____