



DAASL STUDENT INTAKE FORM:

Thank you for voluntarily filling out this consultation form. It will allow us to better understand your child's needs and ensure they receive the support that they need. This consultation is not a requirement, but this information will help us provide your child with the highest quality instruction and benefits we have to offer. The information will only be shared with Aquatic staff and will remain confidential.

Student Name:

Date
Completed:

Guardian's Name:

Student's
Birth Date:

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

Would a guardian be willing to assist in the water, if needed?

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

Support Needs	Accommodation

What is the student's disability diagnosis?

Additional comments:
