



Inclusion and Support Services Swimming - All About Me Package

Contact Information	
First Name:	
Last Name:	
Names of caregivers:	
Birthdate: {MM/DD/YY}	
Email:	
Phone Number:	

Participant Information
Diagnosis (please list all)

Sensory and Behaviours			
Things that will upset participant:			
Loud Noises		Clapping	
Crowds		Bright Lights	
Humming Sounds		Screaming	
Being Touched		Odors	
Whistles		Singing	
Holding Hands		Crying	
Leaving/Entering the pool		Sensitive to water temperature	
Other:			
Things that can help regulate the participant:			
Music		Space	
Underwater		Fidget Toys	
Other:			

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Sensory and Behaviours (continued)			
Behaviour: (Please check all that apply)			
Hyperactive	<input type="checkbox"/>	Self-stimulation	<input type="checkbox"/>
Non-compliant	<input type="checkbox"/>	Aggressive towards others	<input type="checkbox"/>
Self-Injurious	<input type="checkbox"/>	Sexual inappropriateness	<input type="checkbox"/>
Profane language	<input type="checkbox"/>	Wandering or Running Away	<input type="checkbox"/>
Hands on (push, hit, kick, bite, etc)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Please explain details of noted behaviours:			
What are common triggers of behaviour for the participant?			
What strategies are used at home to manage these behaviours?			
Does the individual have strong fears/dislikes?			
Crowds	<input type="checkbox"/>	Weather	<input type="checkbox"/>
Loud Sounds	<input type="checkbox"/>	Water	<input type="checkbox"/>
Bright lights/areas	<input type="checkbox"/>	Other:	<input type="checkbox"/>
What works well to motivate the participant:			
Verbal Praise	<input type="checkbox"/>	Reward	<input type="checkbox"/>
Quiet Time	<input type="checkbox"/>	Non-verbal Praise (ex. Thumbs up or high five)	<input type="checkbox"/>
Other:	<input type="checkbox"/>		
Which instructional assistance methods are the most effective? Please check all that apply:			
Hand over hand	<input type="checkbox"/>	Demonstrations	<input type="checkbox"/>
Verbal instructions	<input type="checkbox"/>	Peer support	<input type="checkbox"/>
Written/drawn instructions	<input type="checkbox"/>	Physical prompts	<input type="checkbox"/>
Demonstrations	<input type="checkbox"/>	Other:	<input type="checkbox"/>

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Sensory and Behaviours (continued)
Does the individual have any particular interests? For example: a movie, character, animal, TV show, etc:

Medical Information & Seizures			
Has participant ever had a seizure?	Yes:		No:
If Yes, Are they a common occurrence?	Yes:		No:
What type of seizure(s)?			
Describe warning signs:			
Please describe what a typical seizure looks like for this participant:			
If participant has a seizure, what is the preferred action?			
Frequency of seizure(s) and duration:			
Date of last seizure (yyyy-mm-dd)			
Allergies:			
Does the participant have any allergies:	Yes:		No:
Please indicate any non-life threatening allergies:			
Please indicate any life threatening allergies:			
Peanut		Carries Epi-pen	
Bee Sting		Carries Epi-pen	
Other severe allergy:		Carries Epi-pen	

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Medical Information & Seizures (continued)				
Has participant ever had a seizure?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
If Yes, Are they a common occurrence?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
What type of seizure(s)?				
Describe warning signs:				
Please describe what a typical seizure looks like for this participant:				
If participant has a seizure, what is the preferred action?				
Frequency of seizure(s) and duration:				
Date of last seizure (yyyy-mm-dd)				
Allergies:				
Does the participant have any allergies:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Please indicate any non-life threatening allergies:				
Please indicate any life threatening allergies:				
Peanut	<input type="checkbox"/>	Carries Epi-pen		<input type="checkbox"/>
Bee Sting	<input type="checkbox"/>	Carries Epi-pen		<input type="checkbox"/>
Other severe allergy:	<input type="checkbox"/>	Carries Epi-pen		<input type="checkbox"/>
Asthma:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
If yes, will the participant carry an inhaler/ventilator	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Please specify any important information and/or degree of ability pertaining to the participant's vision, hearing, respiratory systems, cardiovascular health, digestive systems or other:				
Are there any respiratory or physical limitations that would affect participant's ability to float, submerge, or swim long distances?				

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Mobility			
Please check those that apply:			
No Assistance required	<input type="checkbox"/>	AFOs	<input type="checkbox"/>
Minimal assistance required	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>
Moderate Assistance required	<input type="checkbox"/>	Require a lifejacket in the pool	<input type="checkbox"/>
Full Assistance required	<input type="checkbox"/>	Needs assistance to get in the pool physically	<input type="checkbox"/>
Walker	<input type="checkbox"/>	Needs assistance to get out of the pool physically	<input type="checkbox"/>
Other:	<input type="text"/>		
How does the participant enter/exit the pool:			
Stairs	<input type="checkbox"/>	Ramp:	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	Other:	<input type="text"/>
Please describe your child's gross and fine motor abilities and/or deficits:			
<input type="text"/>			

Participation & Swimming			
Please list other extra-curricular activities the swimmer participates in on a weekly basis:			
<input type="text"/>			
How long can the participant stay focused on an activity?		<input type="text"/>	
Do they get distracted easily?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
If yes, some strategies to refocus are:		<input type="text"/>	
Are there challenges with the individual starting or ending the lesson? If yes, what strategies would you recommend (ex. Countdown, timer, etc)?			
<input type="text"/>			

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Swimming			
Is the individual comfortable in water?	Yes:	<input type="checkbox"/>	No:
What type of water is the individual comfortable in? (please list all)	<input type="text"/>		
What swimming level is the individual at:	<input type="text"/>		
How does the individual respond to touch in water?	Positive:	<input type="checkbox"/>	Negative:
Is the individual working towards:			
Level Completion	<input type="checkbox"/>	Specific Skills/strokes (please specify)	<input type="text"/>
Please check all that apply:			
Comfortable submerging and/or in deep water (over the swimmer's head)	<input type="checkbox"/>	Must keep their glasses or sunglasses on in the pool	<input type="checkbox"/>
Comfortable with physical manipulation	<input type="checkbox"/>	Wears earplugs in the pool	<input type="checkbox"/>
Requires goggles in the pool	<input type="checkbox"/>	Wears water shoes while in the pool	<input type="checkbox"/>
Additional swimming comments and swimming ability:			
<input type="text"/>			

Communication			
My child will understand you better if you:			
Get their attention	<input type="checkbox"/>	Use visuals	<input type="checkbox"/>
Repeat instructions and directions	<input type="checkbox"/>	Speak slowly and clearly	<input type="checkbox"/>
Have eye contact	<input type="checkbox"/>	Use gestures	<input type="checkbox"/>
Other:	<input type="text"/>		
My child communicates by:			
Talking	<input type="checkbox"/>	Pointing/gestures	<input type="checkbox"/>
Using Pictures	<input type="checkbox"/>	My child is non-verbal	<input type="checkbox"/>
Other:	<input type="text"/>		
If any, what communication tools are used at home/school? (ex. iPad, PEC cards, etc.)			
<input type="text"/>			



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Final Thoughts

What are your goals for the participant for this aquatic program?

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Thank you for taking the time to complete this All About Me package. The information you have given will assist us in providing a successful aquatic experience.

PLEASE NOTE: The Town of Newmarket acknowledges and appreciates that the communication of personal information is extremely sensitive and it recognizes the need to protect the personal privacy of individuals. Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will only be used by the Town of Newmarket Recreation and Culture Department to administer registered programs.

Date Signed:

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