

CITY OF LULING-SOUTHSIDE POOL

Thank you for your interest in the City of Luling's free Special Needs Aquatics Program. Getting to know our participants and their support system is an important part of our program. Please take a moment to provide us with some basic information so that we are able to contact you and understand your needs and goals.

Date _____

Student Name _____ Age _____

Male _____ Female _____

Contact Name _____ Phone _____

Email _____

Special Need and/or modifications required:

Student's goals for the program:

Other goals for the program:

SNAP- AQUATICS INSTRUCTOR'S ASSESSMENT

To be completed by the instructor after the initial lesson and parent/guardian meeting:

Does the participant (check all that apply):

- Enter and exit the pool safely
- Need assistance entering and exiting the pool
- Need assistance in the pool
- Maintain independence in the pool
- Know basic water safety
- Know basic swim skills
- Know how to float
- Know how to tread water
- Comfortable (willing to use) swim equipment
- Use swim equipment and flotation devices properly
- Exhibit appropriate behaviors with instructor
- Exhibit appropriate behaviors with other participants
- Respond to verbal instruction
- Respond to visual instruction
- Have the ability to focus on instruction during lesson
- Need special modifications during lesson

- Is the parent/guardian willing to stay or leave the area if it benefits the lesson?

During a typical swim lesson, it is common for the instructor to have some type of physical contact with the student. It may be holding their hands, or helping them in and out of the water, demonstrating swim strokes, assisting with floating, or other types of lesson activities.

What level of contact will the participant allow from the instructor?

___ none ___ low ___ some ___ any

What level of contact does the parent/guardian feel comfortable with?

___ none ___ low ___ some ___ any

