ADAPTIVE SWIM LESSONS INTAKE FORM

Welcome to SHARC's Adaptive Swim Lesson program! When completing this form, we request as much specific information as you feel comfortable providing. Requested information is confidential and requested only to ensure staff provide the best support possible.

Primary Contact Name:

Phone Number:

Email:

Participant Name:

Age:

Gender:

Session(s) Enrolled:

Swim Lesson Goals (Please describe participant's current swimming ability and ideal outcomes of the class)

Type of Accommodation Needed (Preferred means of communication; language; sensory tools; visual prompts; one-on-one support required; etc.)

Personality & Behavior (Is the participant shy or eager to try new things? Describe behavior outside of swim lessons and how participant commonly engages with others)

Likes & Dislikes (What gets the participant motivated to learn? What may cause the participant to escalate or shut down?)

Safety (Does the participant have any physical safety concerns? Are they a danger to themselves or others in escalated situations?)

Comments (Please provide us with any other information you think may help our staff ensure a safe and successful class)