



## Special Abilities Assessment Form

**Swimmer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Developmental Age:** \_\_\_\_\_

### Medical Information:

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

Does your child have any history of seizures? ☐ YES ☐ NO

If yes, explain/describe: \_\_\_\_\_

**Behavioral Information:** Aggressive Behavior: ☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

### Communication:

☐ VERBAL ☐ LIMITED VERBAL ☐ NON-VERBAL ☐ SIGN LANGUAGE

OTHER/ explain: \_\_\_\_\_

### Special Interests/ Favorite Things:

Sports: \_\_\_\_\_ Games: \_\_\_\_\_

Toys: \_\_\_\_\_ Other: \_\_\_\_\_

**Fears/Dislikes:** \_\_\_\_\_

**Positive Reinforcement Techniques:** \_\_\_\_\_

**Behavioral Strategies:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

If your swimmer is not toilet trained, a swim diaper will be required during lessons for health and safety reasons. Is your swimmer toilet trained? ☐ YES ☐ NO

**STAFF INITIALS** \_\_\_\_\_