



Special Abilities Assessment Form

Swimmer: _____ **Date:** _____

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: _____

Books: _____ Toys: _____

Music: _____ Other: _____

Fears/Dislikes:

Positive Reinforcement Techniques:

Behavioral Strategies:

Additional Information:

Is your swimmer toilet trained? YES NO

If your swimmer is not toilet trained, a swim diaper will be required during lessons for health and safety reasons. _____