



SNAP Information Sheet

Today's Date _____

Participant's Name _____ Age _____ DOB _____

History of previous swim experience? _____ Yes _____ No

If yes please describe _____

List of know swim skills:

Is the participant fearful of the water? _____ Yes _____ No

How would you best describe how the participant learns (i.e.: visually, auditory cues, etc.)?

What, if anything, could cause your child to demonstrate self-stimulatory behavior?

What situations, events, and/or types of stimuli could cause your child to have a behavioural disruption?

When/if your child has a behavioural disruption, how long does it usually last?

Is your child able to organize his/her behavior after a behavioural disruption and return to task?

How does your child react to other children in a social setting?

In your opinion, does your child get frustrated easily? _____ Frequently? _____

Or does your child display mild temperament and self-organize easily? _____

Does your child get excited easily? _____

If yes, once excited, is it difficult for him/her to reorganize? _____

Does an excited state often lead your child to a breakdown of self-control? _____

Medical Diagnosis _____

Physical Restrictions _____

Medication _____

Seizure Disorder Yes No If yes, date of the last one _____

Mobility

Ambulatory with device listed _____

Wheelchair Manual Electric (please circle one)

How will your child enter pool

Independent Via Steps or ramp With water wheel chair With access lift

Does your child have difficulty with (check all that apply)

Gait Balance Coordination
 Strength Endurance Range of Motion

Vision

Normal Can see light/shadows Legally Blind

Hearing

Normal Mild Loss Mod/Sever Loss Deaf

Speech/Communication

Verbal Non-Verbal Sign

Cognitive

Short attention span Requires verbal cues to complete task
 Follows direction Yes No Impulsive Easily Distracted

Hypersensitive to

Touch Noise/Volume Unfamiliar Environment
 Heat Cold

Will child use equipment (noodle, belt, dumb bells etc.) Yes No Unsure

Is the child continent? Yes No

Parent's Goals & Objectives (check all that apply)

Water Safe Endurance Socialization/Interaction Comfort in water
 Strength Motor Skill Development Basic swim skills
 Advanced swim skills Other (please specify)

Comments: _____

Parent/Guardian's Name _____

Phone Number (____) _____ Email _____

Parent/Guardian's Signature

Date