



Adaptive / Inclusion Intake Form

Directions: Carefully read and thoroughly complete each answer. Clearly print / type all responses. This form has been prepared to provide accommodations and support for Kroc Center Adaptive Instructors, Swimmers, and their families.

Please Note: All swimmers are accepted on a case-by-case basis.

1:1 ADAPTIVE PRIVATES

Focusing on individuals with ASD and other disabilities being water safe, building confidence in coordination, balance, and muscle strength, & swimming skills.

INCLUSION AID GROUP LESSON

Level 1 Autism / Level 2 Autism: Based on the consultation and the swimmer's specific needs, an Inclusion Aid will be assigned. The ratio of instructor to swimmer depending on placement can range from 1:3 to 1:6, to ensure appropriate supervision and instruction.

1. Parents or guardians will complete and sign, then submit attached form to the aqua department prior to start of their Swim Session Date.
2. Forms will be reviewed and approved by the Aquatics department. After a request for special assistance is approved, the child can be registered for the appropriate level. This form will be used by all staff involved in the child's care and supervision.

Contact Information

Swimmer Name: _____ Preferred Name: _____
Date of Birth: _____ School: _____ Grade: _____
Parent/ Guardian Name(s) _____
Home Address: _____
Email Address: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ Best time to call: _____

Adaptive Enrollment (Circle interest): *1:1 PRIVATES* *Inclusion Aid Group Lesson*

Ability, Support, & Interest Information

How would you describe your swimmer's personality?:

Describe your swimmer's level of ability?:

What type of daily accommodation(s) does your swimmer need?:

List three goals you would like to see your swimmer accomplish in our program:

1.

2.

3.

Does your swimmer have any previous lesson or aquatics experience? If so, please briefly describe the setting, structure, etc:

If known, how would you describe your swimmer's learning style? (*Example: visual, auditory, kinesthetic*):

List your swimmer's greatest interests & Likes:

List anything that upsets/stresses your swimmer: (*example: loud noises, lots of people, transitions, having to stop an enjoyable activity, etc.*):

List techniques or "tools" that help your swimmer calm down when stressed: (*example: speaking quietly, having something to hold or "fidget" with, taking deep breaths*):

What tips or tricks work well at home, school, or other recreation settings to help your swimmer with the following?

- Prevent using hands or feet in ways that might hurt himself or others:

- Following directions:

- Speaking respectfully to others:

What positive reinforcements help your swimmer to recognize when they are doing a good job? _____

What are some successful ways to motivate your child and reinforce appropriate behaviors?

Are there any behaviors that your child may need special assistance with from staff?

- ☐ reminders to use the restroom
- ☐ using appropriate language
- ☐ using appropriate problem solving skills
- ☐ other _____

Are there any behaviors that staff should be aware of and watch for?

- ☐ hitting
- ☐ kicking
- ☐ biting
- ☐ screaming
- ☐ tantrums
- ☐ running away
- ☐ other _____

Are there situations where these behaviors are more likely to occur than others (triggers)?

How are these behaviors responded to at home or school?

Does your child have limitations with anything in particular such as:

Self Help Skills

- ☐ dressing
- ☐ eating
- ☐ cleaning up
- ☐ toileting

Physical Abilities

- ☐ holding/manipulating an object
- ☐ printing/writing
- ☐ walking
- ☐ running
- ☐ jumping
- ☐ throwing

Emotional Regulation

- ☐ sensitivity
- ☐ anger
- ☐ anxiety
- ☐ stress

Communication Information:

Expressive (circle all apply):

Verbal	Verbal (limited)	Non-Verbal	Sign Language
PECS	Augmented Device		

Additional Notes: _____

Receptive (circle all apply):

Follows Simple Instructions: Yes No Verbal Written Gestural

Uses Visual Schedule: Yes No Verbal Written Picture Object

Water Exposure (circle all apply):

First Swim Lesson: Yes No

Comfortable in the water: Yes No

If yes, Can your child put their face in the water? Yes No

Can your child put their whole body under the water? Yes No

Additional Comments: _____

In order to meet your child's needs:

What special assistance do you think your child may need to successfully participate in swimming lessons?

Is there any special equipment that should be provided?

Is there any special training that the staff should have?:

I understand and agree to the following:

- The information provided during this intake will be shared with staff working with my child and they are authorized to discuss for the purpose of meeting my child's needs.
- The Kroc Center operates within the provisions of the Americans with Disabilities Act which provides protection to individuals with disabilities, as well as to providers of care for these individuals.
- It is Kroc policy to remove any child from the program determined to pose a threat to him/herself, other children or staff, or the overall program environment of health and safety, including children with disabilities and special needs if Inclusion lessons are offered.
- All children participating in a Kroc program, regardless of disability or special need, are expected to have appropriate behavior and are subject to the Kroc discipline policy and procedures.

Parents, please read the below expectations for EVERY swimmer with your child and sign (or mark), acknowledging their/your understanding. Additional age-appropriate group expectations are reviewed at the beginning of each session with the instructor.

1. Always swim with your Swim Instructor
2. Keep hands, feet, and all objects to oneself.
3. It's important to follow the instructions of all our staff members. *(If a swimmer needs alternative ways of receiving information and instructions, please be sure to indicate such needs on this form.)*
4. "Have fun, stay safe, while you swim". *(We've created this mantra for our students to remember in and around the water. It's simple, positive, and emphasizes the importance of both safety and enjoyment.)*

Swimmer's Acknowledge

Date

Parents, please sign below to confirm that you have carefully read and understand the requirements for participating in the Kroc Adaptive Swim Program. By signing, you affirm that you have provided accurate and complete information on this intake form, and to the best of your knowledge, have included all necessary details to help the Kroc Center meet your child's needs and support their success in the program.

Parent/Guardian Signature

Date

Aquatics Staff Signature

Date

Thank you for considering the Kroc Center Adaptive swim program for your child!

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