



# ASSESSMENT FORM

Client Name \_\_\_\_\_

Instructor Name \_\_\_\_\_

Date \_\_\_\_\_

## AREAS OF FOCUS

## STRATEGIES TO OVERCOME ROADBLOCKS

**A**  
**D**  
**A**  
**P**  
**T**  
**E**  
**D**  
**S**  
**W**  
**I**  
**M**

<b>Action</b>
<b>Discovery</b>
<b>Adapting</b>
<b>Physical Limitations</b>
<b>Transition</b>
<b>Equipment</b>
<b>Decision Making</b>
<b>Self Awareness</b>
<b>Well Being</b>
<b>Independence</b>
<b>Modification</b>

**S**  
**W**  
**I**  
**M**  
**W**  
**H**  
**I**  
**S**  
**P**  
**E**  
**R**  
**E**  
**R**  
**S**

<b>Safety</b>
<b>Water properties</b>
<b>Interpreting touch</b>
<b>Managing successful submerging</b>
<b>Ways of processing</b>
<b>Having body &amp; breath control</b>
<b>Inability to go on their back</b>
<b>Seeking sensory input</b>
<b>Problems following a plan</b>
<b>Engagement and interaction difficulties</b>
<b>Reactive (over/under)</b>
<b>Excessive drinking</b>
<b>Rigidity (Instructor/Swimmer)</b>
<b>Stroke performance</b>

## ASSESS IDENTIFY IMPLEMENT



# ASSESSMENT FORM

Describe your swimmer's challenges:

Describe your swimmer's strengths and likes:

Swim Skill Benchmarks

Skill Name	YES	NO	Skill Name	YES	NO	Skill Name	YES	NO	Skill Name	YES	NO
Walks in Water			Changing Directions			Streamline			Side Stroke		
Swims with Equipment			Rollovers			Front Crawl/Freestyle			Sculling		
Swims with Approved PDF			Blowing Bubbles			Back Crawl/Backstroke			Treading Water		
Swims with Floats			Submerging			Elementary Backstroke			Survival Float		
Front Float			Jumping in			Breaststroke			Enters Safely		
Back Float			Side Breathing			Butterfly			Exits Safely		

## SWIM ANGELFISH FREE RESOURCES:

### Special Needs Adaptive Swim Webinars

1. Lifeguarding toolbox for Special Needs
2. Coaching Inclusion Tips
3. Equipment Tips
4. Swim Instructor Adaptive Aquatic Tips
5. Parent Tips for Swim Success

