

3.13.2 Swimming Ability Form

Child's Name: _____ Age: _____

Please check the appropriate space and provide comments if necessary.

Confidence around the water:

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Unconfident

Swimming ability:

- ☐ Non-swimmer (cannot support themselves in water)
- ☐ Novice (can support themselves in shallow water and are capable of moving short distances <5m)
- ☐ Intermediate (can support themselves in deep water and can swim a length of the pool)
- ☐ Advanced (can support themselves in deep water and can swim lengths of the pool)

Please indicate any special needs or preferences that will enable the educators to support your child whilst participating in water/swimming activities:

Name of Parent/Carer: _____

Signature: _____ Date: _____

Contact number: _____ Alternate contact number: _____