



For FINS Use only  
RP#: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_

### Participant Assessment Form

Swimmer's Name: \_\_\_\_\_ Swimmer's Age: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

MEDICAL INFORMATION:

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical concerns: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

BEHAVIOR INFORMATION:

Aggressive behavior:  Yes  No

If yes, please explain: \_\_\_\_\_

Triggers:  Yes  No

If yes, please explain: \_\_\_\_\_

COMMUNICATION INFORMATION:

Expressive: Verbal Verbal (limited) Non-Verbal Sign Language PECS-Pictures  
(Talking) Augmentative Device: \_\_\_\_\_  
Other/Explanation: \_\_\_\_\_

Receptive: Follows simple directions:  Yes  No  Verbal  Written  Gestural  
(Understanding) Uses visual schedule:  Yes  No  Written  Picture  Object  
Other/Explanation: \_\_\_\_\_

SPECIAL INTERESTS/ FAVORITE THINGS:

Sports: \_\_\_\_\_ Toys: \_\_\_\_\_  
Games: \_\_\_\_\_ Music: \_\_\_\_\_  
Books: \_\_\_\_\_ Shopping: \_\_\_\_\_

Positive Reinforcers: \_\_\_\_\_

Fears/Dislikes: \_\_\_\_\_

Do you have any behavioral strategies that you would like to share? \_\_\_\_\_

---

What is your primary objective for enrolling your child in swim lessons? \_\_\_\_\_

---

Would you like any specific speech or communication worked on during swim lessons? If so, what specifically? (i.e.: full sentences, word approximations, utterance) Note: Movement and water can be very beneficial to promoting speech.

---

---

---

Would you like any specific physical movements worked on during swim lessons? If so, what specifically?

---

---

What is your child's history with water/swimming? \_\_\_\_\_

---

Please see the FINS website [www.funinswimming.com](http://www.funinswimming.com) to view a photo of your child's instructor as well as a photo of our facility to share with your child.

Additional Comments: \_\_\_\_\_

---