

# Massi's Mission Swim Lesson Parent Questionnaire



***Completing a scholarship application DOES NOT register a child for a program.  
Please contact the location offering swim lessons separately to register your child for lessons.***

To be completed by a parent or guardian – please print neatly.

YOUR NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

## **BEHAVIOR**

1. Level of your child's understanding:
  - a. Does your child understand verbal cues? \_\_\_\_\_
  - b. Is your child verbal? \_\_\_\_\_
  - c. Does your child require picture cues? \_\_\_\_\_
  - d. Does your child understand hand motions? \_\_\_\_\_
  - e. Is there anything the instructors should know that will better help your child understand him/her: \_\_\_\_\_

2. How best can we help your child when instructing him/her in the water?
  - a. What reinforcers work best with your child?  
\_\_\_\_\_
  - b. Does your child have any triggers that we should be aware of?  
\_\_\_\_\_
  - c. Does your child have a favorite character(s) or show(s) which motivates him or her?  
\_\_\_\_\_
  
3. Is your child fully toilet trained? \_\_\_\_\_
  
4. Does your child have any sensory issues that we should know about (i.e. sensitive to sounds or touch; seeks movement) and if so, is there anything in particular that helps him/her stay organized and calm?
  
5. Does your child have any behaviors that could potentially cause harm to himself/herself or others (i.e. biting, hitting, scratching, thrashing) \*\*\*Your child will NOT be excluded from the program if he/she exhibits these behaviors. This question is so that we know how to best support your child.\*\*\*\*
  
6. Do you have a therapist that would be available to assist your child at the swim lessons?

**SWIM & SURVIVAL SKILLS**

7. Please indicate your child's current comfort level in and around water?  
  
Comfortable    or    Uncomfortable
  
8. Has your child previously received swim lessons? If so, when and how long?
  
9. What do you see as your child's greatest strengths in or around the water?
  
10. What do you see as your child's greatest deficits in or around the water?

11. My child can comfortably: (please check all that apply)

Enter water using ladder/steps

Exit water using ladder /steps

Submerge mouth, nose, and eyes

Submerge entire head

Blow bubbles out of mouth and nose

Open eyes under water

Bob up and down in water 3x

Float on front with support  without support

Float on back with support  without support

Pick up submerged object with eyes open

Swim on front using combined arm and leg action with support  without support

Swim on back using combined arm and leg action with support  without support

Swim under water

Jump into shoulder deep water

Jump into water over their head

Tread water

Breaststroke

Butterfly

Dive into water from the side



Madison's  
Mission

Please indicate below which facility you are interested in acquiring lessons:

Brigantine Aquatic Center  
3118 Bayshore Avenue  
Brigantine, NJ 08203  
609-266-7946  
Contact: Sari Carroll

JCC  
501 North Jerome Avenue  
Margate, NJ 08402  
609-822-1147  
Contact: Alicia Fimple

Tilton Fitness \*  
3022 Hingston Avenue  
Northfield, NJ 08234  
609-646-2590  
Contact: Katrina Abbott

**\*Child must be potty trained at this facility**

Please use the section below to tell us anything you believe would be helpful for us to know regarding the instruction of your child, including in and around the water.

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