

#### ADAPTED AQUATICS PROGRAM SURVEY

The following survey was created in our efforts to better serve our participants of the Adapted Aquatics program. Thank you for taking the time to complete this survey.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	Question					
1	My overall experience in the swim program has been good	1	2	3	4	5
2	The coaches are knowledgeable of the sport	1	2	3	4	5
3	The coaches challenge the participants	1	2	3	4	5
4	Participants demonstrate improvement in swimming skills	1	2	3	4	5
5	Participants are able to learn water safety rules	1	2	3	4	5
6	Coaches communicate well with swimmers and parents	1	2	3	4	5
7	Coaches respond appropriately to questions and concerns	1	2	3	4	5
8	Participants learn sportsmanship in this program	1	2	3	4	5
9	Program information received in a timely manner	1	2	3	4	5
10	Participants get enough physical activity in the program	1	2	3	4	5
11	This program helps participants to be healthier	1	2	3	4	5
12	Participants get enough individual attention	1	2	3	4	5
13	The equipment used in the program is appropriate for the needs of the participants	1	2	3	4	5
14	The facility is appropriate for the program	1	2	3	4	5
15	I am satisfied with the program's current time frame	1	2	3	4	5
16	I would recommend this program to others	1	2	3	4	5
17	What do you like best about the program?		•		•	•
18	What changes would you suggest for this program?					



# **Adapted Aquatics Assessment**

\*Conducted by Employee w/ Candidate or Candidate's Parent/Legal Guardian

Personal Information									
Name:	Birthday:		Disability:						
Allergies:	<u>.</u>								
Current Medications (indicate for what):									
Special Precautions:									
Any History of: (check all that apply) Aspiration	Autonomic Dysreflexia Seizures			Skin Breakdown					
Comment:		,							
Interview									
1. What are your leisure / recreation interests?									
2. What activities would you like to try?									
What are your least favorite activities?									
4. Do you require any special assistance with any particular task? (If so, please specify)									
5. Why types of adapted equipment do you or ha	ve vou used?	)							
6. What is your best method of learning?									
7. What are expectations / goals for being in the	program?								
That are expediations / goals for being in the	program:								
Parsanal Noods Assessment	Lovel		Campa	nto					
Personal Needs Assessment	Level Good/Poor		Comme	nts					
Communication:									
Is Able to Communicate Wants & Needs									
Social Skill									
Physical/Sensory Profile:	1								
Vision									
Hearing									
Extremeties L/R Upper/Lower									
Activity Level									
Mood/ Affect/Behavior									
Motivation									
Endurance									
Personal Care:									
Toileting									
Bowel / Bladder Management									
Dressing									
Donning / Doffing Adapted Equipment									
Goals:									
Completed by:			Date:						





## MY WATER SAFETY CHECKLIST

Water sports and recreation are great fun when everyone is safe. Use this checklist with your child and have a terrific time!



#### AM I READY?

- ☐ I wear sunscreen, even on cloudy days. (Apply SPF 15 or higher every 2 hours.)
- ☐ I wear a U.S. Coast Guard approved life jacket that fits me when I am near open water, on a boat or doing water sports.
- ☐ I do not trust air-filled water wings, toys, or inner tubes to keep me safe.
- ☐ I know how to swim.



#### IS THIS A SAFE PLACE?

- ☐ At rivers, lakes and oceans, I only swim in places marked for swimming.
- ☐ I do not swim or go boating in bad weather. I check before I leave.
- ☐ Each time before I swim, I make sure there are no hazards such as jelly fish, large waves, or strong currents.
- ☐ If the water looks dirty or muddy, I don't go in.
- ☐ I only swim when my parents say it's okay.



#### WHO IS WATCHING?

- ☐ I always swim with a buddy.
- ☐ I make sure a grown-up is watching me.



### OF DO I KNOW THE RULES?

- ☐ I know and obey water safety rules.
- ☐ I share and take turns. I walk. I never push or jump on others around water.
- ☐ I stay away from pool drains. If I have long hair, I tie it up at the pool.

- I never dive in rivers, lakes or oceans.
- ☐ I only dive when a grown-up has checked to be sure the water is at least 9 ft. deep and the bottom is clear.
- ☐ When I leave the pool area, I make sure the gate is latched.



#### WATER EMERGENCIES

- If I get a cramp or I'm tired, I roll over and float to rest. Then I wave and call for help.
- ☐ If I get caught in a current, I don't fight it. I relax and swim parallel to shore until the current weakens and I can swim to shore another way.
- ☐ If my boat flips over, I hang onto the side and yell for help.
- ☐ If I'm cold, I get out of the water right away and warm up.
- ☐ If someone is in trouble, I tell the nearest grown-up. I can throw that person something that floats (like a noodle or life ring). But I never let that person get close enough to grab me.



#### WATER AT HOME

- ☐ I help grown-ups empty bathtubs, buckets, and wading pools after use.
- ☐ I help make sure toilet lids are down and latched; and that bathroom and laundry room doors are closed.
- ☐ I help make sure gates and doors to a spa or pool are latched and no toys are left in the pool area.

© 2001-2006 I'm Safe! Productions, Inc. · www.imsafe.com