



**Welcome to your Autism
Swim Approved provider.**

(name of provider)

**Let's learn a little more
about your swimmer...**

AQUATIC SERVICE ENROLMENT INFORMATION

SERVICE DELIVERY INFORMATION

Type of aquatic service being delivered:

Funding being used (if applicable):

Start date of lessons/sessions:

Number of sessions (weekly):

SWIMMER INFORMATION

Swimmer's name:

Date of birth:

Diagnosis:

What does your swimmer absolutely love?

What can we use as reinforcement options?

What are your swimmer's strengths?

SWIMMER'S RESIDENTIAL ADDRESS

Street:

2

City/State:

Postcode:

PARENT/GUARDIAN 1.

Street:

City/State:

Postcode:

Phone:

Email:

PARENT/GUARDIAN 2.

Street:

City/State:

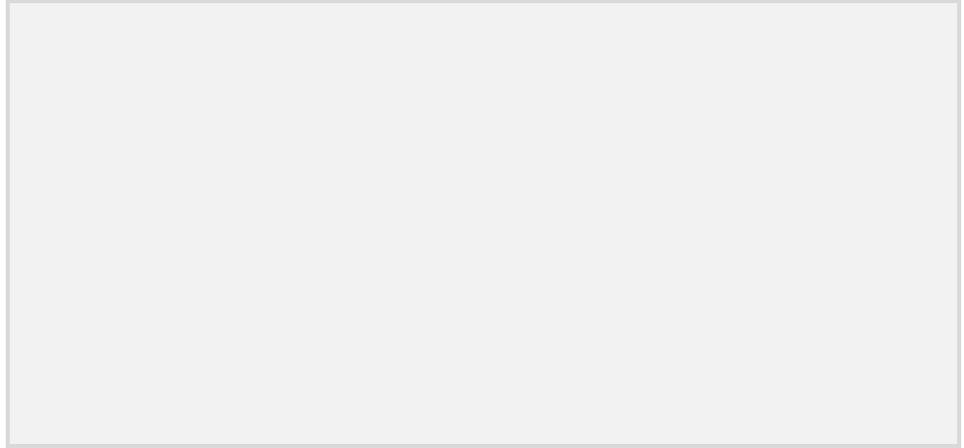
Postcode:

Phone:

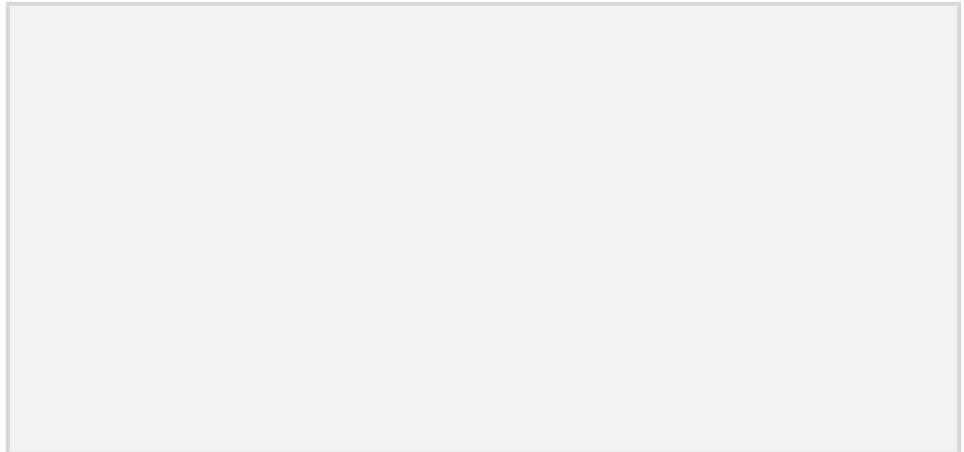
Email:

BACKGROUND INFORMATION ON WATER SKILLS

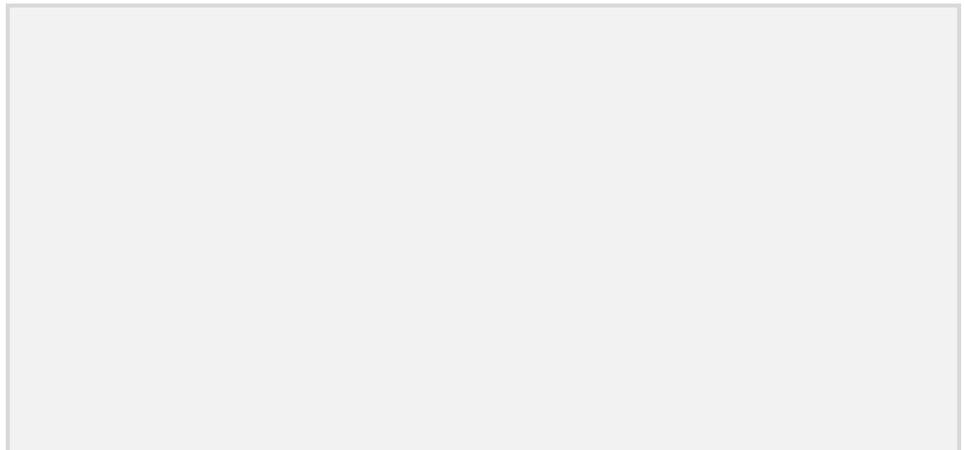
What would your swimmer do if they saw a body of water?



What would your swimmer do if they fell into a body of water?



What is your swimmer's experience with swimming lessons/aquatic services?



AQUATIC GOALS

Long term:

Short term:

Goals as outlined
by funding body
(if applicable):

THERAPIST DETAILS (IF RELEVANT TO AQUATICS PROGRAM)

Therapist's name:

Contact:

Address:

Phone:

Comments:

BEHAVIOURAL SUPPORT NEEDS

Behaviours	Observed Behaviour Setting	Estimate Frequency of Occurrence			
		Hourly	Daily	Weekly	Monthly

Please let us know some strategies that have worked in the past to support the above.

COMMUNICATION INFORMATION

Expressive *(please select)*

Verbal

Verbal (limited)

Non-Verbal

Sign Language

PECS

App on iPad or device

Other (please specify below)

Receptive *(please select)*

Follows simple direction

Follows multi-step direction

Heavily relies on visual information

Other (please specify below)

ADDITIONAL INFORMATION

Please outline your swimmer's sensory needs and any adaptations and considerations we need to consider:

Does your swimmer have any reported seizure activity?

If so, please provide seizure management plan from medical team.

Is there anything else that would be useful for us to know in terms of providing an aquatic service to your swimmer?

CONSENT

Do you consent to photographs of

being taken for social media/website/internet content?

Date:

I,

the Legal Guardian of

agree to and provide permission for the photographic, video, audio or any other form of electronic recording of

for the purposes of training, marketing, publicity, media and/or merchandising for my Autism Swim Provider and/or Autism Swim and associated partners.

I authorise the use or reproduction of any image/recording referred to above without acknowledgement and without being entitled to remuneration or compensation.

The image/recording may appear in print, electronic, or video media, and may be available to a global audience through the Internet.

I acknowledge that ownership of any image/recording will be retained by the respective companies and I understand that I do not have any interest in the copyright to the photograph(s).

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the companies in writing by emailing hello@autismswim.com.au and the email address of my Autism Swim Approved provider.

Signature of Guardian:

Print name:

Contact number:

Name of
photographed:

Do you consent to

swimming data being used as part of a research study?

Signature of Guardian:

Date: