

Cudgen Public School - Swimming Readiness Survey.

It is important that the whole of this form is completed **ONLY** by the person whose signature and name appears at the bottom of this form.

If the form is not completed in its entirety, the student named will NOT be permitted to attend the swimming function.

STUDENT NAME: _____ CLASS: _____

Date this form was completed: _____

1. Has your child completed any swimming lessons? YES NO

If yes, please specify:

TYPE OF LESSONS _____

INSTRUCTOR _____

DURATION/ NUMBER OF LESSONS _____

DATE OF LAST LESSON _____

LEVEL OF COMPETENCY REACHED _____

2. How often does your child partake in swimming activities, other than the backyard pool? (please specify the sorts of activities) _____

3. Does your child participate in programs such as NIPPERS? YES NO

If yes, please provide details:

4. Is your child able to swim 25 metres, unaided, in water deeper than 1metre? YES NO UNSURE

5. Does your child have a fear of deep water? YES NO

6. Does your child panic when sudden immersed in deep water? (eg: going down slides, dumped by waves)

YES NO UNSURE

7. How would you rate your child's swimming confidence? (tick one box only)

Strong swimmer Can tread water Can play in water over their height

Can play in water to 1metre depth Needs flotation devices Poor water confidence

This form has been completed by _____ (print name). _____ (signature)

My relationship to the student named above: _____