



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## DIVERSE ABILITIES IN AQUATICS INTAKE FORM

The purpose of this intake form is to understand the needs of participants in the Diverse Abilities in Aquatics Pilot and track number of participants in the pilot.

**Contact:**

Name  
Aquatics Director  
YMCA  
Phone  
email@ymca.org

**Date:** \_\_\_\_\_ **Participant ID:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Goals: Do you have any specific goals for your child for taking this aquatics class?**

€ Physical: strength, endurance, balance

\_\_\_\_\_

€ Aquatics: safety around water and/or advancing swimming skills

\_\_\_\_\_

€ Social: socialization and interaction with others

\_\_\_\_\_

€ Others not listed

\_\_\_\_\_

**History: Has your child participated in a swimming lesson in the past?**

\_\_\_\_\_

**Strengths and Interests:**

What does your child do that makes you smile?

---

What does your child do that makes them smile?

---

What motivates your child (reward systems, positive encouragement)?

---

**Areas of Support**

What makes your child angry or sad?

---

What does it look like when they are angry or sad?

---

What should we do when that happens?

---

Least favorite activities

---

Things that are difficult or Times when your child needs help (transitions)

---

**Communication Supports**

What is your child's preferred method of communication? (words, pictures, gestures)

---

How does your child ask for help?

---

How does your child interact with others?

---

**Assistive Technology**

Does your child use any Communication Devices?

---

Does your child use any Mobility Support?

---

**Medical Needs**

Does your child have any medical restrictions or is your child on any Medical Action Plans?

---

Any medical concerns we should be aware of?

---

**Accommodations**

This section restates all identified accommodation or support needs of the child and identifies possible accommodation that will meet these needs

<b>Area of Concern:</b>	<b>Accommodation:</b>

**What is the Participant’s Disability Diagnosis?**

---

Does your child have a Developmental or Intellectual Disability?

---