

Let's learn a little more about the participant!





# **Aquatic Service Enrolment Form**

## Service Delivery Information

Type of aquatic service being delivered?
Funding being used (if applicable)?
Start date of lessons/sessions?
Number of sessions/weeks?
Participant information
Name:
Date of birth:
Diagnoses:
What does the participant love?
What can we use to help motivate the participant?
What can we use to help motivate the participant?

# Parent/Guardian 1 Name: Street: City: Phone: Email: Parent/Guardian 2 Name: Street: City: Phone: Email: **Emergency Contact information** Name: Relationship to participant:



City:

Phone:

**Email:** 

# **Background information on water skills**

What would participant do if it saw a body of wa	they
What would participant do if fell into a bod wa	they
What is participa experience w swimming lesso aquatic servic	nt's vith ons/
Aquatic g	goals
Long term:	
Short term:	
Goals as outlined by funding body. (if applicable):	

### Therapists' details (if applicable):

Name:	
Contact:	
Address:	
Phone:	

How often does the behaviour

usually occur?

## Behaviour support needs

Behaviour

Where does this behaviour

usually occur?

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	Hourly	Daily	Weekly	Monthly

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

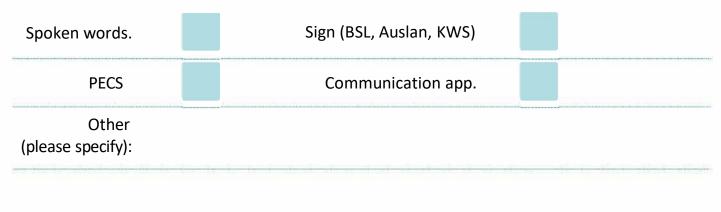
(attach additional sheets or behaviour support plan if required)





#### **Communication information**

#### Expressive (please select any that apply)



#### Receptive (please select any that apply)



#### Additional information

Please provide any additional information on communication, e.g. additional processing time, echolalia, words to avoid etc.



#### Sensory support needs

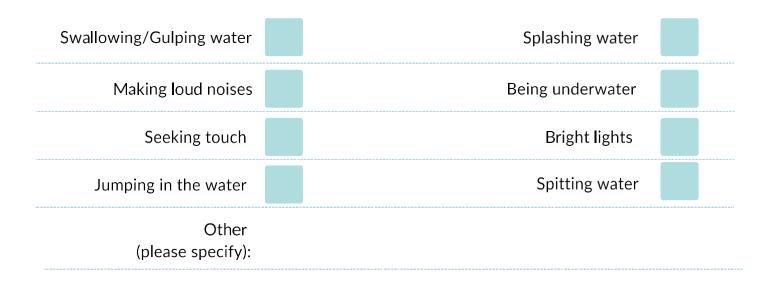
# Sensory averse - is there anything in the aquatic environment the participant is likely to find aversive and try to avoid?

(please select any that apply)



# Sensory seeking - is there anything in the aquatic environment the participant is likely to find enticing and try to seek out?

(please select any that apply)



Does the participant have any reported seizure activity? If so, please provide seizure management plan from medical team. Does the participant have any allergies we need to be aware of? If so, please also outline the best treatment approach should they come into contact with this. Does the participant take any medications that we need to be aware of? Please list them. Does the participant have any additional physical needs that we need to be aware of? e.g. low muscle tone, hypermobility etc. Is there anything else it would be useful for us to know in terms of providing an aquatic service to the participant?



## Consent

Do you consent to photograp	ohs of	
being taken for social media	/website/internet content?	
l,		
the Legal Guardian of		
agree to and provide permiss	ion for the photographic, video, audio or any other form of	
electronic recording of		
for the purposes of training, I	marketing, publicity, media and/or merchandising for my Autism Swim	
Provider and/or Autism Swin	n and associated partners.	
I authorise the use or reprod	uction of any image/recording referred to above without acknowledgm	nent an
without being entitled to ren	nuneration or compensation. The image/recording may appear in print	or
electronic, or video media, a	nd may be available to a global audience through the Internet.	
_	if I wish to withdraw this authorisation, it will be my responsibility to in niling hello@autismswim.com.au and the email address of my Autism Sv	
Signature of Guardian:		
Print name:		
Contact number:		
Name of photographed:		
consent to	aquatic sessions data being used as	
art of a research study.		
ignature of Guardian:		



Date:	
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