



Making
Aquatics
Inclusive
Worldwide



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

Let's learn a little more about the participant!



Please send completed form to ASwim@lovetoswim.co.uk

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 the participant do if they saw a body of water?

What would the participant do if they fell into a body of water?

What is the participant's experience with swimming lessons/aquatic services?

Aquatic goals

Long term:

Short term:

Goals as outlined by funding body.
(if applicable):

Therapists' details (if applicable):

Name:

Contact:

Address:

Phone:

Behaviour support needs

Behaviour

Where does this behaviour usually occur?

How often does the behaviour usually occur?

		How often does the behaviour usually occur?			
		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)

Spoken words.	<input type="checkbox"/>	Sign (BSL, Auslan, KWS)	<input type="checkbox"/>
PECS	<input type="checkbox"/>	Communication app.	<input type="checkbox"/>
Other (please specify):			

Receptive (please select any that apply)

Spoken words.	<input type="checkbox"/>	Sign (BSL, Auslan, KWS)	<input type="checkbox"/>
PECS	<input type="checkbox"/>	Communication app.	<input type="checkbox"/>
Other (please specify):			

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)

Bright lights

Being touched

Loud noises

Chlorine smell

Splashing water

Being underwater

Wearing goggles

Wearing swimming cap

Other
(please specify):

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)

Swallowing/Gulping water

Splashing water

Making loud noises

Being underwater

Seeking touch

Bright lights

Jumping in the water

Spitting water

Other
(please specify):

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?

Date: