GETTING TO KNOW YOU

RYE YMCA AQUATICS PROGRAMS

Please take a few minutes to complete this form and note that the information you give will only be shared with the people responsible for the direct teaching of your child. As a means to help us get to know your child's swim experience, we encourage you fill this form out with some basic information regarding your previous swim experience.

THE BASICS

Child's Name	Nickname:
Class Day and Time:	**Class Name:**
Age	Gender:
Parent/Guardian 1	Parent/Guardian 2
Phone	Phone
Email	Email

ABOUT YOUR CHILD

Has your child participated in any swim lesson programs? If so, please share with us how they went:
What are some of your child's most recent swim successes so far?
How would you describe the best way to motivate and encourage your child?
Is your child repeating the specific swim level they are currently enrolled in? Please circle yes or no: YES NO If yes, how many sessions have they repeated this SPECIFIC swim level? _____
What are the goals of your child participating in the Rye Y Learn to Swim program?
What teaching techniques does your child best benefit from?

UNDERSTANDING YOUR CHILD'S NEEDS

Please rate each: 1=Independent; 2=Needs Some Assistance; and 3=Depends on Adult Support

COMMUNICATION			
Listening and Understanding	1	2	3
Communicating Needs and Wants	1	2	3
Expressing Ideas and Thoughts	1	2	3
Participating in Conversations	1	2	3
Controlling Behaviors/Aggression	1	2	3

Comments:

PARTICIPATING			
Approaching Familiar Tasks/People	1	2	3
Responding to New Experiences	1	2	3
Meeting New People	1	2	3
Completing Tasks	1	2	3
Transitioning Between Activities	1	2	3

Comments:

MEDICAL HISTORY

Please Check All that Apply

____ Related Surgery	____ Learning Disability	____ Asthma
____ Down Syndrome	____ Muscular Dystrophy	____ Allergies *(please list)*
____ Dyslexia	____ Diabetes	_____
____ Cerebal Palsy	____ Autism	_____
____ Intellectually Disabled	____ Attention Deficit	
____ Hearing Impaired	____ Seizures	____ Other *(please describe)*
____ Visual Impairment	____ Epilepsy	_____

Please write a specific description of the item(s) checked above.

BEHAVIOR MANAGMENT

How would you describe the best way to prevent any challenging behaviors? What techniques do you use?

Will your child need a 1:1 support while in our programs?

Please list the top 3 reinforcements you use with your child at home or you know that teachers use:

1)

2)

3)

Thank you for filling out information completely. Please attach additional information you feel is important.
For questions or concerns, please contact:
Vickie Tsakmakis, Senior Director of Aquatics/Safety, 967-6363 ext. 108, Vickie@ryeymca.org
Sheila Viger, Assistant Aquatics Director, (914) 967-6363 ext. 121, Sheila@ryeymca.org