

NEW SWIMMER SURVEY

Date: _____

Child's Name: _____

Child's DOB: ____/____/____

Our goal is to help your child/children become water safe individuals through building their swimming skills. Swimming truly is a life-long sport that can build muscle coordination and more importantly, can build confidence.

I've put together a New Swimmer Survey to help me get to know your child before I even get to meet them in the pool. You know your child BEST. Please take the time to carefully answer these questions to the best of your knowledge. The first step in our program is to make a child understand that they can trust me. This survey will help me learn your child and how they learn.

Thank you, Ms. Patty.

1. During bath time, is your child afraid to get his/her eyes wet? Circle One Y N
2. Has your child had prior swim instruction?
 - a. If yes, How long ago? _____
 - b. How long did they take lessons? _____
 - c. Where did they take lessons? _____
 - d. Did you enjoy this experience? _____
 - e. Did your child enjoy this experience? _____
3. Would you classify your child as; (please circle all that apply)
 - a. Fearless
 - b. Anxious
 - c. Cautious, but not fearful
 - d. Mood/emotions dependent on the atmosphere
 - e. Scared of the water
 - i. If scared, on a scale of 10 (10 being most scared) – how would you rate your child's fear? _____
4. Do you have a pool? Circle One Y N
 - a. If No, does anyone close to your family (that you spend time with) have a pool?

5. After pool safety, please number the following from most important to least important
 - a. () Diving – learning how to dive
 - b. () Stroke development
 - c. () Endurance
 - d. () Exercise
 - e. () Being comfortable in the water
 - f. Other: (Specify and enumerate)

6. Does your child listen well? Circle One Y N
 - a. If not, please let us know how you or someone else gets him/her to BEST respond: _____

