



SPND STUDENT INFORMATION FORM

Student Name		
Date of Birth		
Disability		
Parents/Guardian Name		
Carer Details (if different to above)	Name:	Ph:
Email Address		
Phone Number		
INFORMATION	EXAMPLE	COMMENTS
Medication	Medication description and used for:-	
Communication Skills	Tick applicable: - <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language and/or lip reads <input type="checkbox"/> Makaton/compics	
Behaviour issues	What encourages good behaviour:-	
	What triggers negative behaviour:-	
Physical Limitations	Specify if any:-	
Social Interaction	Tick applicable: - <input type="checkbox"/> Works well in a small group <input type="checkbox"/> Prefers a one-on-one <input type="checkbox"/> Fully integrated in group classes	
Likes	Strategies to increase participation in activities	

Dislikes	Triggers i.e. things to avoid to minimise stress and anxiety.	
Tactile	i.e. Is the student happy to be hands on patterned by the teacher:-	Yes/No
Previous Swimming Lessons	Tick applicable :- <input type="checkbox"/> Education Dept. <input type="checkbox"/> Private Lessons <input type="checkbox"/> Hydrotherapy	
Areas that are adversely affected for the student	Tick applicable:- <input type="checkbox"/> Fine / gross motor skills <input type="checkbox"/> Muscle tone <input type="checkbox"/> Balance /Coordination <input type="checkbox"/> Developmental delays <input type="checkbox"/> Intellectual	
Sporting Activities	What other physical activities does the student participate in:-	
Entry points student is capable of using into the pool	Tick applicable:- <input type="checkbox"/> Slide in <input type="checkbox"/> Ladder <input type="checkbox"/> Lift	<input type="checkbox"/> Stairs <input type="checkbox"/> Walk in
Pool depth requirement	Tick applicable:- <input type="checkbox"/> Shallow <input type="checkbox"/> Deep	

Please advise the Swim School of any changes to the students medication or medical conditions that may affect the child's behaviour or swimming abilities.

Parent/Guardian Signature

Date



Office Use Only

DOCUMENT NUMBER:

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