



# Adapted Aquatics Student Profile

Thank you for choosing PP&R Aquatics! Before your student begins lessons, please fill out this information packet. In order to better accommodate your student, please be very thorough when answering this packet. The more you write down, the better we can know your student! If you find you have run out of room, please attach additional pages.

Today's date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Gender:  M  F DOB: \_\_\_/\_\_\_/\_\_\_

Participant's Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### Health & Medical Information *(Please check all that apply)*

Asthma     Heart Condition     Diabetes     Seizures     Sensitive Skin

Sunburns Easily     Other \_\_\_\_\_

List any medical conditions, including allergies, your student may have: \_\_\_\_\_

\_\_\_\_\_

Please list any medications your student currently takes: \_\_\_\_\_

\_\_\_\_\_

What type of accommodation does your student need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals for the student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe the student's physical abilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Calming words or activities that your student responds well to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you provide encouragement? Reward improvements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What captures your student's attention, and how do you return focus to the task at hand? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your student had any past experiences with water?  Yes  No  
If so a positive or negative outcome? \_\_\_\_\_  
\_\_\_\_\_

Is the student comfortable going under water?  Yes  No \_\_\_\_\_  
\_\_\_\_\_

Is the student able to blow bubbles?  Yes  No \_\_\_\_\_  
\_\_\_\_\_

Can the student hold their breath underwater?  Yes  No \_\_\_\_\_  
\_\_\_\_\_

Is the student able to sit up independently?  Yes  No \_\_\_\_\_  
\_\_\_\_\_

How does the student respond to human touch? Loud noise? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What learning methods does the student associate with best? (Demonstration, modeling, experimentation, verbal explanation) \_\_\_\_\_  
\_\_\_\_\_

Student's personal favorites?  
Color \_\_\_\_\_ Animal \_\_\_\_\_ Toy/Shape \_\_\_\_\_ Game \_\_\_\_\_

Any additional information that we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** We recognize, understand, and encourage celebration of the differences that surround us. We will make every effort possible to provide a reasonable accommodation for all participants. However, if a patron threatens the physical security or safety of other patrons and / or the instructor, or if actions by the participant disproportionately impact the learning environment for other participants, the accommodation will no longer be allowed to continue.