

Silton Swim School Inclusion Intake Form

Welcome to Silton Swim School! We recognize that there are many elements that need to be taken into consideration to ensure that our special needs students have a safe and positive experience. Silton Staff is ready to help your child achieve that goal. Please be as forthcoming as possible while filling out the form. Doing so will help your child have a successful and fun enrollment.

It is possible that parents of special needs children may fear that personal information about their children's behaviors or educational experiences may be used inappropriately or that their children may be treated differently. Silton Swim School understands these concerns and will only share this information with staff members when necessary and only at the discretion of the Director and supervisory staff. Please know how invaluable such information can be in assisting us to help make your child's enrollment as successful and rewarding as possible.

ACCOMMODATING YOUR CHILD

NAME: _____ AGE: _____

WEEKS OF ENROLLMENT _____

PARENT/GUARDIAN NAME _____

BEST PHONE NUMBER FOR US TO CONTACT YOU _____

What is the nature of your child's disability?

My child is: High Functioning Moderate Low Functioning

Is your child on a medication schedule that might coincide with the program schedule?

YES NO

(If yes, please explain.)

Describe any medical needs or allergies that we should be aware of.

What kind of accommodations does your child need?

How does your child communicate? Verbal Non-verbal

If non-verbal, please describe his/her form of communication:

Does your child attend school? If so please indicate his/her educational level:

Private Preschool Public Preschool Special Education Program

Private Elementary School Public Elementary School Public Elementary School Special Ed Program

Private Middle School Public Middle School Public Middle School Special Ed Program

Out-of-District Private Disabled Special Education Program

Does your child have a: (please check all that apply)

→ Behavior Intervention Plan (BIP)

→ 504 Plan

→ Individualized Education Plan (IEP)

→ Paraprofessional aide

→ Currently In the process of being evaluated by a physician and/or school's Child Study Team

BEHAVIOR

Below is a checklist of possible behaviors that your child may demonstrate. Please check all that apply.

<input type="checkbox"/> Easily distracted, short attention span	<input type="checkbox"/> Excitable, impulsive, difficulty with self-control
<input type="checkbox"/> Engages in self-injurious behaviors	<input type="checkbox"/> Has difficulty with respecting others' personal space/sharing with others
<input type="checkbox"/> Lacks patience, has outbursts	<input type="checkbox"/> Demonstrates difficulty with following directions
<input type="checkbox"/> Has sudden or extreme mood changes	<input type="checkbox"/> Restless, high activity level
<input type="checkbox"/> Has difficulty with reading social cues	<input type="checkbox"/> Wanders off or threatens to flee
<input type="checkbox"/> "Shuts Down" or withdraws	<input type="checkbox"/> Demonstrates difficulty with changes in routine
<input type="checkbox"/> Perseverates - does things over and over	<input type="checkbox"/> Demonstrates difficulty with waiting his/her turn
<input type="checkbox"/> Ignores consequences of poor behaviors	<input type="checkbox"/> Requires eye contact to listen successfully

Please list any behaviors that aren't included in the behaviors checklist:

What are your child's trigger points for frustration/resistance? Check all that apply.

<input type="checkbox"/> Medication	<input type="checkbox"/> Being Overwhelmed	<input type="checkbox"/> Change in the Anticipated Schedule
<input type="checkbox"/> Transitions	<input type="checkbox"/> Perceived Unfairness	<input type="checkbox"/> Not Knowing the Schedule of the Day
<input type="checkbox"/> Over Tiredness	<input type="checkbox"/> Competitive Activities	<input type="checkbox"/> Attention Focused on Child
<input type="checkbox"/> Dehydration/Hunger	<input type="checkbox"/> Taking Turns/Sharing	<input type="checkbox"/> Not Able to Have Desired Object/Activity
<input type="checkbox"/> Extreme Heat/Cold	<input type="checkbox"/> Waiting in Line	<input type="checkbox"/> Constructive Criticism by Teachers
<input type="checkbox"/> Negative Peer Influence	<input type="checkbox"/> Loud Noises/TV/Music	<input type="checkbox"/> Inclement Weather/Thunderstorms

Please list any triggers that aren't included in the checklist:

What are some actions that can be taken to prevent these behaviors?

Is your child afraid of anything? How does he/she react to these things?

Can your child be with his/her class in the air-conditioned movie room during inclement weather or high heat/humidity days? (Lights will be off, movie sound is delivered through surround sound speakers)

YES

NO

What comforts your child? (calming tools/aids)

When your child is having a difficult time, what is the best way to approach him/her?

Does your child respond best to a male or female staff member when in duress?

Are there any specific words/phrases to use when talking with your child?

SELF-CARE

What are your child's strengths, skills, and abilities?

What previous experience has your child had with swimming lessons? (Were the lessons individual, small group, or large group?)

What are your goals for your child? What does a successful week at Silton look like to you?

How would you describe your child's personality?

Does your child do well in a large group setting (10-12 students in the water, larger group when out in the field or in the sandbox)?

Does your child do well with high-energy interaction with other students?

Does your child do well with high-energy activities?

How well does your child transition from one activity to the next? From one location to another?

If your child prefers not to engage in group activities or play in the sandbox when out of the pool, what types of toys/tools/activities does your child prefer to play with/work with/engage in?

Thank you for taking the time to provide us with this very important insight into your child. Knowing this information will help our teaching staff, field activities staff, and supervisory staff to understand your child's needs so that we can provide the best possible experience. We look forward to having your child with us this summer!