

SWIMMING WITH AUTISM PARTICIPANT ASSESSMENT FORM

Swimmer's Name: _____ Phone # _____

MEDICAL INFORMATION:

Diagnosis: _____ Age: _____

Allergies: _____

Other medical concerns: _____

BEHAVIOR INFORMATION:

Aggressive behavior: Yes No

If yes, please explain: _____

COMMUNICATION INFORMATION:

Expressive: Verbal Verbal (limited) Non-Verbal Sign Language

(Talking) PECS Augmentative Device _____

Other/Explanation:

Receptive: Follows simple directions: Yes No Verbal Written Gestural

(Understanding) Uses visual schedule: Yes No Written Picture Object

Other/ Explanation:

SPECIAL INTERESTS/ FAVORITE THINGS:

Sports: _____

Toys: _____

Games: _____

Music: _____

Books: _____

Shopping: _____

Positive Reinforcers: _____

FEARS/DISLIKES: _____

Do you have any behavioral strategies that you would like to share? _____

Would you like any specific speech or communication worked on during swim lessons? If so, what specifically? (ie: full sentences, word approximations, utterance) Note: Movement and water can be very beneficial to promoting speech.

Additional comments: _____