



ABILITY ASSESSMENT FORM

Pupils Name:

Class:

TELL US ABOUT YOUR CHILD'S SWIMMING ABILITY

For your child's safety and progression in our swimming lessons we would ask that you complete the following form to allow us to place your child in the correct ability group on arrival at the facility.

Has your child been swimming before? Yes: ☐ No: ☐

How confident is your child in water?

Rate your child's confidence in the water between 1 & 10
(10 been extremely confident in water)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

Do they wear discs or armbands? Yes: ☐ No: ☐

Can your child swim a full width (12.5 metres) of the swimming pool without any buoyancy aids?

Yes: ☐ No: ☐

Can your child swim a full width (25 metres) of the swimming pool without any buoyancy aids?

Yes: ☐ No: ☐

MEDICAL INFORMATION

Does your child have any Medical Conditions?

Example: Epilepsy / Skin Conditions / Asthma

Any further information Hull Culture & Leisure need to be made aware of that may effect your child's ability to take part in our swimming lessons?