

Swimming Lessons Screening Form

Child's Name _____ Age _____

Screening is required if:

Your child is new to the program or did not take lessons at Franklin Knolls during the 2018 season OR if your child has progressed rapidly over the winter and you feel they are at a higher level than they were the last time that they took lessons at Franklin Knolls.

In order to assess your child's swimming level, please answer a few questions. We realize that this is not a complete picture and we will make class adjustments as necessary.

1. Does your child get their face wet? Yes ____ No ____
2. Does your child willingly put their head under water? Yes ____ No ____
3. Does your child lift their feet and float in the water?
(If you have answered no to any of these questions, you have completed the form.) Yes ____ No ____
4. Does your child float and kick through the water? Yes ____ No ____
5. Does your child swim using an arm stroke while floating? Yes ____ No ____
6. Does your child float on their back unassisted? Yes ____ No ____
7. Can your child swim unassisted for 5 or more feet? Yes ____ No ____
8. Can your child lift or turn their head to breath while swimming? Yes ____ No ____
9. Can your child swim on their back while kicking? Yes ____ No ____
10. Can your child swim across the pool? Yes ____ No ____

If you have any further information that you would like to share about your child, please do so below.
