GLEN IRIS PRIMARY SWIMMING PROGRAM 2018
QUESTIONAIRE

We would greatly appreciate if you could take a moment of your time to answer (to the best of your knowledge) the following questions in relation to your child's swimming ability. This will assist us in ensuring your child is placed in the group best suited to their abilities thus enabling us to provide the appropriate level of instruction and expertise. Where applicable please circle your response. We thank you in advance for your cooperation.

1/ Child's Name:_____ Age_____ Grade_____

2/ Existing/Previous illnesses, injuries or allergies _____
_____

3/ Has your child had swimming lessons in the past?
Only with school curriculum Private/Group Outside School

4/ Do you consider your child Pool Safe? Yes / No

5/ Is your child comfortable with having their face in the water? Yes / No

6/ Can you child float without flotation aids for 15 seconds?
On their front with face in water Yes / No
On their back Yes / No

7/ Can you child perform a torpedo for 4-5 metres?
Floating on front kicking legs Yes / No
Floating on back kicking legs Yes / No

8/ Can your child swim for 5 metres?
Freestyle – no breathing Yes / No
Backstroke Yes / No

9/ Can your child swim freestyle with proper breathing for 10 metres? Yes / No

10/ How far can your child swim demonstrating reasonable technique?
Freestyle 25 metres / 50 metres / 100 metres / 200 metres / More
Backstroke 25 metres / 50 metres / 100 metres / 200 metres / More

11/ Can your child demonstrate reasonable technique in the following?
Breaststroke – 25 metres Yes / No
Butterfly – 25 metres Yes / No

12/ Can your child demonstrate a reasonable and safe dive with confidence? Yes / No

13/ Does your child swim competitively? Yes / No