

## GLEN IRIS PRIMARY SWIMMING PROGRAM 2017 QUESTIONNAIRE

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
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- 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 your child float without flotation aids for 15 seconds?  

On their front with face in water	Yes / No
On their back	Yes / No
- 7/ Can your 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