

# A&I Information Record



To be completed for students needing additional support within the Learn to Swim Program

## Personal Details:

Name:

Date of Birth:

Contact Number:

Email Address:

Condition/Diagnosis:  
(please attach medical certificate)

Action Plan:

Attach if required: Y/N

## Parent/Guardian Details:

Name:

Name:

Contact Number:

Contact Number:

Email Address:

Email Address:

## Support:

Is there any information about the swimmer the teacher needs to be made aware of?  
E.g. Any allergies, conditions or injuries.

What way does the swimmer best learn?:

E.g. My child has a learning delay and engages best through clear, concise sentences with visual demonstration of the task.

## Support

What are the areas the swimmer does well in?:

What are the areas the swimmer has difficulty in?:

1.Triggers:

2. What behaviour looks like (warning signs):

3. How to respond:

What are the swimmers key goals:

Blank area for recording swimmers key goals.

Notes:

Blank area for recording notes.

# Class Request Form



Please complete the below for our team to check a class match.  
Note this is a request form only, and does not guarantee a booking.

Circle your preferred day/time:

MONDAY 3.30pm

7.00pm

TUESDAY 3.30pm

7.00pm

WEDNESDAY 3.30pm

7.00pm

THURSDAY 3.30pm

7.00pm

FRIDAY 3.30pm

7.00pm

SATURDAY 8.30am