



FINS of Spring/Klein & FINS of The Woodlands

For FINS use only

RP#: _____

Date Rec'd: _____

Special Needs Information Sheet

Our mission is to allow people with special needs to have fun while acquiring water safety and swimming skills. The following questions will assist us in leading your child to swimming success!

Date: _____

Responsible Person's Name: _____
(Last) (First)

Student's Name: _____ Students Age: _____

1. What is the child's diagnosed special need?
2. Does your child communicate verbally?
If no, what is the best method of communication?
3. Is your child currently receiving therapy?
If yes, what reinforcements does the therapist use?
4. Are there any body movements we should encourage or discourage?
5. Is your child on a behavior plan that we could support?
If yes, what hand signals, cue words, etc. could we use to support the behavior plan?
6. What is your child's experience in the water?
7. What goals do you have for your child in this program?
8. Other important information (i.e. fears, what makes your child happy, etc.)