



SWIMMER GOAL SHEET

We strive to provide the best experience possible for our swimmers, working in partnership with each student to determine the most appropriate path for individual learning. To help us begin to develop a clear plan for your lessons, please take a few minutes to answer the following questions. Parent or Guardian will fill out for kids below 13 years old.

STUDENT NAME: (LAST) _____ (FIRST) _____ AGE _____ SEX _____

1.) Please indicate the level of your swimming ability (check all categories that describe ability):

- | | | |
|---|---|---|
| <input type="checkbox"/> Fear of Water | <input type="checkbox"/> Beginner | <input type="checkbox"/> Shallow Water Only |
| <input type="checkbox"/> Comfortable to put head underwater | <input type="checkbox"/> Open Water Swimmer | |
| <input type="checkbox"/> Comfortable in Deep Water | <input type="checkbox"/> Fitness Swimmer | |
| <input type="checkbox"/> Competitive Swimmer | <input type="checkbox"/> Others (Please describe) _____ | |

If you are a Deep Water / Competitive Swimmer, please indicate the swimming strokes the student can already perform:

- | | | | |
|---|-------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Freestyle | <input type="checkbox"/> Backstroke | <input type="checkbox"/> Breaststroke | <input type="checkbox"/> Butterfly |
| <input type="checkbox"/> Others (Please describe) _____ | | | |

2.) How often do you swim at the pool (ocean or lake)?

- | | | |
|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Daily or several times a week | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Once every few months | <input type="checkbox"/> Once a year | <input type="checkbox"/> Never |

3.) What do you do when you go for a swim?

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Wading/walking in the water | <input type="checkbox"/> Aqua-aerobics / hydro-therapy | | |
| <input type="checkbox"/> Swim/float in shallow water | <input type="checkbox"/> Swim laps for recreation/fitness | | |
| <input type="checkbox"/> Swim laps for Competition | <input type="checkbox"/> Age-group | <input type="checkbox"/> Masters swimming | <input type="checkbox"/> Triathlon |

4.) Which teaching approach is most effective for your learning?

- I learn best through:
- | |
|---|
| <input type="checkbox"/> Seeing (visual images and demonstrations) |
| <input type="checkbox"/> Hearing (a detailed description and explanation) |
| <input type="checkbox"/> Reading (a detailed description and explanation) |
| <input type="checkbox"/> Feeling (hands-on manipulation or experimentation) |
| <input type="checkbox"/> All of the above — no strong preference for one. |

5.) What are your specific goals for swimming?

- | | |
|--|--|
| <input type="checkbox"/> Increase level of fitness | <input type="checkbox"/> Improve my competitive swimming |
| <input type="checkbox"/> Enjoy water sports | <input type="checkbox"/> Swim more efficiently |
| <input type="checkbox"/> Swim competitively | <input type="checkbox"/> Safety Skills |
| <input type="checkbox"/> Other: _____ | |