

Learner Consultation Form

Dear Parent / Carer,

Thank you for joining our Learn to Swim Programme.

Before we get started, we need some additional information about any impairment, health condition, special educational need and/or disability (SEND) your child/person you care for has that may impact on their learning experience. This information will help us make sure we can deliver the best possible swimming lessons for your learner.

Please read the form below and record any additional information we need to be aware of.

If there is no additional information please sign and return the form in the section outlined.

Please feel free to contact our swimming lesson coordinator if you'd like to discuss the form or need help completing it.

Name:

Name of emergency contact:

Emergency contact number:

Name of centre:

1. Has your child/person you care for been swimming at this pool before? Did they need any additional support to help them get in and out of the pool or to help them stay safe? Please detail if extra support is required.

2. Has your child/person you care for had any swimming lessons before and if so, what stage did they reach and what awards did they receive? Please also let us know the level of support they had in these lessons.

3. Does your child/person you care for require any additional support?

4. Please supply further information on the learning style of your child/person you care for, and how to motivate and encourage them i.e. information on interests, likes/dislikes and hobbies.

5. What is/are the most effective communication method(s) to ensure your child/person you care for gets the most out of their lessons?

6. Is there anything in the swimming pool/learn to swim environment that may cause your child /person you care for additional anxiety? Do you have any suggestions about how we can help to reduce this?

7. Is there any other information you'd like to share about your child/person you care for? e.g. Do they require additional support in school, or have they got a statement of SEND?

8. Please detail any behaviour support plan that is in place for your child/person you care for.

I confirm I have no additional information I wish to share.

Name of parent/carer

Signed by parent/carer

Date

Any information disclosed is maintained on our database and only accessible to our teachers, coordinators and assistants in accordance with data protection.