

# Individual Student Swim Support Plan



## Administration Information

Students Name:		Date of Intial Plan:	
Parent/Carers Name:		Coordinator Name:	
Swimming Instructor Name:			

## Supporting Students' Individual Needs

**LIKES:** *e.g. Special interests (may be able to make some support resources based on the students' special interests) Student might love dolphins, use some dolphin themed visual supports*


**TRIGGERS:** *E.g. Sudden loud noises, changes to routine, certain sounds or words e.g. Shhhhhh sound, unreasonable demands etc*


**INDIVIDUAL SUPPORT NEEDS:** *e.g. High sensory needs, weakness in left arm, hard of hearing in both ears, poor eye vision for distance etc.*


**STRENGTHS:** *e.g. (e.g. Excellent memory, strong problem-solving skills, great at following visual instructions, highly motivated when working towards goals, good at teamwork, strong swimming technique in freestyle)*


BEHAVIOURS OF CONCERN: *(if applicable)*

REASONABLE ADJUSTMENTS AND SUPPORT ACTIVITIES

*E.g. Provide additional swim toys and equipment to support sensory needs, Limit instructions to 1-2 at a time, provide additional time to complete activity, provide visual supports in addition to direct instruction, teach certain skills outside the pool before attempting in water*

### Student Goals

GOAL/S:	COMMENTS / FEEDBACK

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**Additional Information (if applicable)**

*e.g. when the next meeting with occur, any additional information regarding health concerns, medication reviews etc anything that may impact the students access and participation in the swim program*

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**Medical Information (if applicable)**

*Are there any medical conditions, medications, or other health-related concerns we should be aware of that might affect your child's participation in the swim program? This includes any potential side effects from medications or specific needs they may have.*

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