

Camp Nugget Parent Swim Assessment Form

This form is to assist Camp Nugget Staff in assessing your child's swimming ability. This is a preliminary screening and your child will also be tested in the water by our staff during the first day of camp.

*****Child's Name:**

*****Childs name is necessary even if you have listed it on other forms!!!!**

Childs Age & Date of Birth:

To the best of your knowledge please assess your child as follows and mark on skills checklist below:

- | | |
|-------------|--|
| (No) | No , unable to attempt or perform skill |
| (Sometimes) | Sometimes able to perform skill but can be inconsistent |
| (Yes) | Yes , able to perform skill consistently |
| (?) | Question mark “?” if you not know |

Swim/Aquatic Skills

- (Yes) (Sometimes) (No) (?) Able to enter water with or without assistance
- (Yes) (Sometimes) (No) (?) Blows bubbles in water
- (Yes) (Sometimes) (No) (?) Can submerge mouth nose and eyes under water
-
- (Yes) (Sometimes) (No) (?) Front float face up
- (Yes) (Sometimes) (No) (?) Front float face down
-
- (Yes) (Sometimes) (No) (?) Back float
-
- (Yes) (Sometimes) (No) (?) Front glide face up
- (Yes) (Sometimes) (No) (?) Front glide face down
-
- (Yes) (Sometimes) (No) (?) Front crawl
- (Yes) (Sometimes) (No) (?) Back crawl
- (Yes) (Sometimes) (No) (?) Breast stroke

Comments (anything else you would like us to know; can also use back of page):

Please return with the rest of your Camp Nugget packet information to:

**Camp Nugget
Dr. Barry Lavay, Ph.D., KIN Dept.
California State University, Long Beach
1250 Bellflower Blvd., Long Beach, CA 90840**

Thank you for your cooperation.