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: _________________________

****Child’s 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 for Children with Disabilities
Dr. Barry Lavay, Ph.D., KIN Dept.
California State University, Long Beach
1250 Bellflower Blvd., Long Beach, CA 90840

Thank you for your cooperation.
Sincerely,
Dr. Lori Reich, Assistant Camp Nugget Director and Camp Swim Director

Dr. Lori Reich, Revised 2016