

PRIVATE SWIM LESSON INSTRUCTOR TRANSFER FORM

This form is for swimmer's who already have an ODAC (Onishi-Davenport Aquatic Center) swimming instructor and are actively taking lessons at the ODAC. This form helps with the transition from one instructor to another to ensure the swimmer continues making positive progress within the water.

Swimmer's Full Name:	DOB:
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Current Swim Instructor's Name:
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INSTRUCTOR EVALUATION:	Excellent	Very Good	Good	Fair
Instructor was prepared	()	()	()	()
Instructor started and finished on time	()	()	()	()
Instructor was knowledgeable and engaging with the swimmer	()	()	()	()
Instructor demonstrated how to perform skills	()	()	()	()
Instructor created an enjoyable, challenging and age/ability appropriate learning environment	()	()	()	()
Instructor modeled appropriate behavior	()	()	()	()
Instructor reinforced positive behavior/performance	()	()	()	()
Instructor disciplined and made corrections appropriately and respectfully	()	()	()	()

SWIM LESSON EVALUATION:	Excellent	Very Good	Good	Fair
My child's safety was	()	()	()	()
Safety rules and consequences were discussed	()	()	()	()
Balance between land based safety instruction and water based skills	()	()	()	()
Swimmer was kept engaged, focused, and on task	()	()	()	()
My child learned/progressed	()	()	()	()
My child had a good relationship with the instructor	()	()	()	()

SWIMMER'S AVAILABILITY:							
I would like for my child to swim (Please Circle): one; two; three times per week for 30; 60 minutes each time.							
Day Availability?	M	Tu	W	Th	F	Sat	Sun
Preferred Time(s):							
Do you have a preference for your child's next instructor?			Y/N	If yes, who?			

Please Note that preferences will depend on the availability of the instructor and the schedule you have requested.

Notes (including goals, pertinent information, etc):
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TO BE FILLED OUT BY YOUR CHILD'S CURRENT SWIMMING INSTRUCTOR

Instructors. Nothing on this form should be a surprise to the parent(s)/guardian(s) of your swimmer. Good communication is paramount to the child's success in the water. Please be as thorough as possible to ensure a great handover to the next instructor.

Swimmer's Full Name:	Instructors Name:
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CURRENT SCHEDULE:

How long have you been teaching the swimmer?

I have had the swimmer, on average (Please Circle): one; two; three times per week for 30; 60 minutes each time

SWIMMER'S CURRENT SWIM LEVEL:

Beginner's (under 6 years old)	Level 1	Level 2	Level 3			
Learn-To-Swim (over 6 years old)	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6

Note: LTS L3/4 - the swimmer should be ready to join the swim club, either directly or through the Swim Club Bridge Program.

SWIMMER'S SAFETY:

	Assisted?	How Long?
Back Float	Y/N	
Front Float	Y/N	
Treadwater	Y/N	
Fully Submerge	Y/N	
Blow Nose Bubbles	Y/N	
Jump into Deep Water	Y/N	

STROKE MECHANICS:

	Not Taught	Taught; Not Achieved (Holding)	Taught; Not Achieved (Using Floats)	Taught; Achieved (Floats or Treads when tired)	Taught; Achieved (swam 25)
Elementary Backstroke					
Backstroke					
Freestyle					
Breaststroke					
Butterfly					
Sidestroke					
Diving					

SWIMMER'S BEHAVIOR/ATTITUDE:

	Poor	Average for Ability	Good	Excellent	Overconfident
Confidence Level					
Engagement Level					
Listening Skills					
Excitement/Happiness Level					
Practice Outside of Scheduled Classes					

Notes (including goals, pertinent information, etc):