

# East Central Iowa Autism Society Swim School Application

The East Central Iowa Autism Society (ECIAS) has teamed up with the Eastern Iowa Swimming Federation to offer a pilot program for teaching basic safety swimming skills to children diagnosed with Autism Spectrum Disorder. This program will cover a series of swimming lessons, to help teach the child beginning level swimming skills, taught by a qualified swimming instructor on a 1:1 basis.

The skills taught to the swimmer will be bobbing, floating, jumping from the side of the pool, treading water, and other basic level instruction. Children that are beyond basic level swimming skills would not benefit from this program. Due to regulations, the child must be toilet trained and cannot wear swim diapers during the lesson.

**Location:** The swimming lessons will be located at Coe College Swimming Pool and instructed by coaches from the Eastern Iowa Swimming Federation. There will be unisex changing rooms available for the child to use.

**Lessons:** This program will grant up to a maximum of twenty-four (24), 30-minute lessons, Monday-Thursday, from 3:00pm – 3:30 pm, to be completed as follows:

- Session 1: June 18<sup>th</sup> - June 21<sup>st</sup>, and June 25<sup>th</sup> – June 28<sup>th</sup> (8 lessons)
- Session 2: July 9<sup>th</sup> – July 12<sup>th</sup>, and July 16<sup>th</sup> – July 19<sup>th</sup> (8 lessons)
- Session 3: July 23<sup>rd</sup> – July 26<sup>th</sup>, and July 30<sup>th</sup> – August 2<sup>nd</sup> (8 lessons)

**Attendance:** It is mandatory that the child attend all swimming lessons. If a child is ill, then a doctor's note will need to be provided. There will be no makeup times for missed lessons. The ECIAS Swim School has the right to revoke the granted lessons for attendance issues, behavior issues, lack of progress, or if the child has already reached the milestones developed under the ECIAS Swim School program.

**Parent/Guardian Requirements:** A parent, guardian, or respite worker must attend the swimming lesson, be available on the swimming deck, and stay for the entirety of the lesson. The parent, guardian, or respite worker must register with the Eastern Iowa Swimming Federation for insurance purposes and pay \$10 per registered parent, guardian, or respite worker. This insurance coverage will cover the individual for 1 year from the date registered online. Once the child has been approved for the grant, the ECIAS will assist the parent, guardian, or respite worker with this process.

Once the grants have been approved, the parent/guardian/respite worker will need to attend an orientation session to further discuss the program, expectations, and answer any questions regarding the program. The dates for this orientation will be communicated after the grants have been awarded.

For more information about the East Central Iowa Autism Society, please visit: [www.ecias.org](http://www.ecias.org)

# ECIAS SWIM SCHOOL APPLICATION

## SWIMMER INFORMATION

Child's Name:

Age:	Grade in School:	
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Address:

City:	State:	ZIP Code:
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Male    Female <i>(Please circle)</i>	Phone Number:	
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Formal Medical Diagnosis:

## PARENT OR LEGAL GUARDIAN INFORMATION

Name:

Address:	
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City:	State:	ZIP Code:
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Phone:	E-mail:	
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Name of Other individuals that will be bringing child to lessons:  
Phone Number:

## SWIMMING EXPERIENCE

Has the child had formal swimming lessons in the past?    Y    N  
If yes, where?  
What level did they achieve?

Is the child able to complete any of the following? *(Please circle)*

Bobbing                  Float on Back for 10 seconds                  Jumping from the side of pool                  Treading water

Describe communication mechanisms:    Non-Verbal    Verbal    Gestures <i>(Please circle)</i>	Understand Two-Step instructions? Y    or    N
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How does the child best receive instruction?

Does child need visual aids or modeling?

Does child need sign language or gestures?

Describe typical demeanor and personality:

List some of the child's behavioral triggers:

List some of the effective calming and coping strategies:

## ECIAS SWIM SCHOOL APPLICATION

Does the child relate well to strangers? Y or N  
Describe what increases the comfort with unfamiliar people:

Describe the fears the child has of swimming or water:

Does the child exhibit risky behaviors near water? Y or N  
Please describe:

List any other special accommodations necessary for the child (i.e. use of lift to get into the pool):

### AGREEMENT PORTION

- I understand that swimming lessons provided through the ECIAS are only for instructional purposes and in no way do the swimming lessons bestow expertise or confirmed functional skill on the child.
- I understand that the child must attend all lessons that are granted under this scholarship. If the child should miss a lesson due to illness, a medical excuse must be provided. I understand there are no make-up lessons if any lessons are missed.
- I understand that a parent, legal guardian, or respite worker are responsible to stay on the pool deck to help monitor the child and be available if needed. Each individual will need to register through the Eastern Iowa Swimming Federation website, and must pay \$10 per individual for insurance coverage. This coverage will cover the individual for 1 year from date completed online.
- I understand that the ECIAS Swim School has the right to revoke the grant if the child has already reached the level of safety set by the ECIAS, has a behavior issues, or lack of progress.
- I understand that the child cannot use a swim diaper during lessons.
- I understand that I must attend an orientation session before the child will start lessons.

### SIGNATURES

Name of Parent or Legal Guardian:

Signature of Parent or Legal Guardian:

Date: