



WALDO COUNTY YMCA Islesboro Summer Swim Swimmer Assessment

Please answer the following statements about your child.

Name: _____ Age: _____

- | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | w/help | No |
| • Submerges head | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Floats on back | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Jumps into chest-deep water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 25 yds | 15 yds | 5 yds |
| • Swims on front | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Swims on back | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Swims with rotary breathing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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