


Instructor Name	Lifesaving Society ID#	Email	Telephone
Pool Name	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	
Format of lessons: <input type="checkbox"/> Once per week <input type="checkbox"/> Once per day		Total Number of: Non-swimmers _____ Deep end swimmers _____ Shallow end swimmers _____	

Legend: Yes = * Almost = + No = -	Instructor Assessment
	Ask on 1st Lesson On 1st lesson After 3 lessons After 5 lessons After 7 lessons

		In the past year, did you go swimming? (Y/N)	Where did you swim? (P-pool, L-lake, R-river, B-backyard)	Have you taken swimming lessons in the past? (Y/N)	Do you like swimming? (Y/N)	Attitude towards swimming (F-fearful, C-cautious, P-positive, E-enthusiastic)	Achieved Forward Roll	Achieved Treading Water	Achieved Swim 50m	Attitude towards swimming (F-fearful, C-cautious, P-positive, E-enthusiastic)	Achieved Forward Roll	Achieved Treading Water	Achieved Swim 50m	Attitude towards swimming (F-fearful, C-cautious, P-positive, E-enthusiastic)	Achieved Forward Roll	Achieved Treading Water	Achieved Swim 50m
	Candidate Name																
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
Totals	Y					Y				Y				Y			
	N					A				A				A			
						N				N				N			