



## Adaptive Aquatics Questionnaire

Participant's Name: \_\_\_\_\_

(circle all that apply)

1. Has the participant been diagnosed with any of the following?
  - Autism Spectrum Disorder
  - Down Syndrome
  - Hearing impairment
  - Visual impairment
  - Cerebral Palsy
  - Attention Deficit Hyperactivity Disorder
  - Impaired Mobility
  - Other \_\_\_\_\_
  
2. What are the limitations of the participants fine motor skills?
  - No limitations
  - Few limitations
  - Limited fine motor skillsPlease describe, if necessary:
  
3. What are the limitations of the participants gross motor skills?
  - No limitations
  - Few limitations
  - Limited gross motor skillsPlease describe, if necessary:
  
4. How does the participant communicate?
  - Verbally
  - Nonverbally
    - Sign language
  - Communication board
  
5. What is the participants behavior in the water? Please mark all that apply.
  - Sensory seeking (splashing, hitting the water)
  - Repeatedly goes underwater
  - Drinks or spits water

- Fearful of water
  - Unknown
6. Is the participant usually able to listen and follow directions?
- Yes
  - No
7. Does the participant exhibit any of the following behaviors? (check all that apply)
- Hitting
  - Biting
  - Tantrums
  - Other behavioral challenges\_\_\_\_\_
8. Is the participant currently on a behavior management program?
- Yes
  - No
9. What type of reinforcement works best to keep the participant motivated and focused?  
(circle all that apply)
- Toys
  - Food
  - Play time
  - Other\_\_\_\_\_
10. How long is the participant's attention span?
- 5 minutes or less
  - 5-10 minutes
  - 10-20 minutes
  - 20-30 minutes
11. Is the participant prone to seizures?
- Yes
  - No
12. Is there any additional information you would like to share that may be helpful?