



**IP Addendum: Aquatic Activity Screening**

Name:	DDS#:	Date:
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This screening is in effect for one year from the date on this form as part of the IP or up to three years for individuals with an IP Short Form. Request for any changes or updates to this form must be made through the team process.

**SECTION 1: Screening For Presence And Participation in Aquatic Activities**

**Definitions:**

**Aquatic Activities:** are all water related activities including swimming, boating, fishing, hot tubs, water parks and those activities PROXIMAL TO WATER.

**Proximal To Water:** aquatic activities are those at any location where there are bodies of water present at the intended destination that are open and accessible to individuals. This means there are no barriers to prevent access such as secure fencing or padlocked gates. Contact with the water may, or may not be intended. Bodies of water include, but are not limited to: streams, creeks, oceans, lakes, ponds, pools, hot tubs, wading pools, natural or man-made water areas or similar. Proximal to water activities include, but are not limited to: picnics in a park where there is water, feeding the ducks at a pond, unrestricted access to backyard wading (or swimming) pools or hot tubs, walks on the beach or similar.

**Shallow Water:** is defined as water at or below the height of the individual’s chest.

**Deep Water:** is defined as water above the height of the individual’s chest.

**The Planning and Support Team should assign an Aquatic Activity Code “0 to 6 “for the individual**

**Aquatic Activity Code- \* Choose One:**

- 0 = Does NOT** swim or participate in ANY aquatic activities. If coded as “0”, Section 2 should have “NO” checked for all activities listed.
- 1 = Proximal to Water Activities Only – Must Be With Staff.** Participates only in activities proximal to water as defined above.
- 2 = Shallow Water Only;** limited or no swimming skills. **Does Not Respond** to verbal redirection; may not recognize dangerous situations.
- 3 = Shallow Water Only;** limited or no swimming skills. **Usually Responds** to verbal redirection; may/may not recognize dangerous situations.
- 4 = Deep Water swimmer;** can swim in deep water **with supervising staff**; may have medical or safety needs
- 5 = Independent Deep Water Swimmer;** may go swimming without staff; **AND/OR independently accesses aquatic activities without staff**; may not, or chooses not, to swim. The Water Safety Checklist shall be reviewed annually with the individual to encourage safe aquatic activity participation.
- 6 = Aquatic Activity Level Not Known.** Approved only for aquatic activities as permitted below and **MUST BE IN A ONE-TO-ONE** enhanced individual to staff ratio at all of these activities until code is determined and approved.

**SECTION 2: Aquatic Activities and Supervision Needs – Include Staff to Individual Ratio as Appropriate**

**NOTE:** If supervision needs are unknown due to lack of previous participation, the individual must be in a 1:1 enhanced staff to individual ratio at all aquatic activities they are able to participate in, until a safe appropriate ratio can be determined and approved.

**(Shaded areas Not Applicable to Camp)**

Aquatic Activity	Able to Participate	Individual Supervision: Needs: 3:1, 2:1, 1:1	Comments (needs lifejacket, medical information, etc.)
<b>Activities Proximal to Water</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	
<b>Shore Fishing</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	
<b>Boating</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	Life jacket mandatory for all
<b>Swimming</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	
<b>Water Parks</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	
<b>Hot Tub Use</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	Dr’s Order required for “Yes”
<i>Able to access aquatic activities independent of staff supervision</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	If ‘yes’ is checked, the individual may only have an aquatic activity code of #5	If ‘yes’ is checked, Water Safety Checklist has to be reviewed with the individual by staff <u>every year</u> between March 1 <sup>st</sup> & May 1 <sup>st</sup>

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Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Camper