## Lee Graham Swim Team Program Evaluation Rubric

<u>Swimmer</u>	intormation	1 (to be completed	by parents or caregiver)		
Name: Age as of June 1st, 2025: Please Circle: Ne					ew or Returning
Parent Name:			Parent Email:		
Parent Phone:			Can use restroom independently: Yes or No		
-			dren must show the ability to rer order to participate in the mini-c		
Assessm	ent (to be com	pleted by mini-dol	lphin coach)		
Date of Assessment:			Evaluator:		
Water Comfort Level					
Hesitant to enter water independently		Enters water independently	Submerges head	Floats on stomach (5-10 seconds)	Floats on back (5-10 seconds)
			Deep Water Skills		
Hesitant to jump into 5 feet of water		Jumps into 5 feet independently	Briefly treads water (~10 seconds) and moves to sides of pool		
		Swimn	ning Distance Capability		
0-15 meters		15-24 meters		25 meters or more	
			Stroke Mechanics		
No recognizable stroke mechanics	Forward movement (doggy paddle)	Recognizable freestyle	Recognizable backstroke*	Proficient freestyle and backstroke	

Recommendation: