



Preliminary Data Sheet Summer Swimming Program

WSI Name: _____

Date: _____

Address _____

Telephone _____

Village/Town/City _____ NY _____

Zip Code _____

- For what Town Youth Commission are you working? _____
- Who is your immediate supervisor?
(Who do you call if you have problems/questions?)
Supervisor's phone number _____
- Are you paid regularly (weekly, biweekly) by your locality or in a lump sum by the county?

- Where did you obtain your WSI certification?
(Where did you take the WSI course?)

- Who was the instructor of the WSI course?

- What dates are your WSI Certification valid for?

tele# _____

(circle one)

regularly lump sum

Check what swimming courses/classes are being taught this summer in your area:

- Learn to Swim Level 1: Intro to Water Skills
- Learn to Swim Level 2: Fundamental Aquatic Skills
- Learn to Swim Level 3: Stroke Development
- Learn to Swim Level 4: Stroke Improvement
- Other: _____

- Learn to Swim Level 5: Stroke Refinement
- Learn to Swim Level 6: SSP – Personal Water Safety
- Learn to Swim Level 6: SSP – Fundamentals of Diving
- Learn to Swim Level 6: SSP – Fitness Swimmer
- Other: _____

Is anyone else instructing at this site? (Circle one)

YES

NO

If so, please list name and Certification/Title: _____

Program Start date: _____

Program End Date: _____

At what time are lessons provided each day? _____

What is your average daily attendance for swimming instruction (How many attend each day)?
