

Name: _____ Date: _____

How confident are you about completing these swimming activities?

Based on your current injury or condition, please rate how well you believe you can complete each of these swimming activities.

Please circle the number that matches your answer for each swimming activity listed.

| Staff Use Only Eval ID # | Not confident | Somewhat confident | Moderately confident | Very confident | Fully confident | Does not apply to me |
|-------------------------------|------------------|-----------------------|-------------------------|-------------------|--------------------|-------------------------|
| Start off the block | 1 | 2 | 3 | 4 | 5 | 9 |
| Perform a flip turn | 1 | 2 | 3 | 4 | 5 | 9 |
| Push off the wall | 1 | 2 | 3 | 4 | 5 | 9 |
| Swim standard warm-up | 1 | 2 | 3 | 4 | 5 | 9 |
| Swim a pre set | 1 | 2 | 3 | 4 | 5 | 9 |
| Swim Main Set Freestyle | 1 | 2 | 3 | 4 | 5 | 9 |
| Swim main set breaststroke | 1 | 2 | 3 | 4 | 5 | 9 |
| Swim main set butterfly | 1 | 2 | 3 | 4 | 5 | 9 |
| Swim main set backstroke | 1 | 2 | 3 | 4 | 5 | 9 |
| Perform dry land routine | 1 | 2 | 3 | 4 | 5 | 9 |