

School Swimming and Water Safety Program

Certificate of Achievement

Awarded to

Name

School

Principal or School Representative



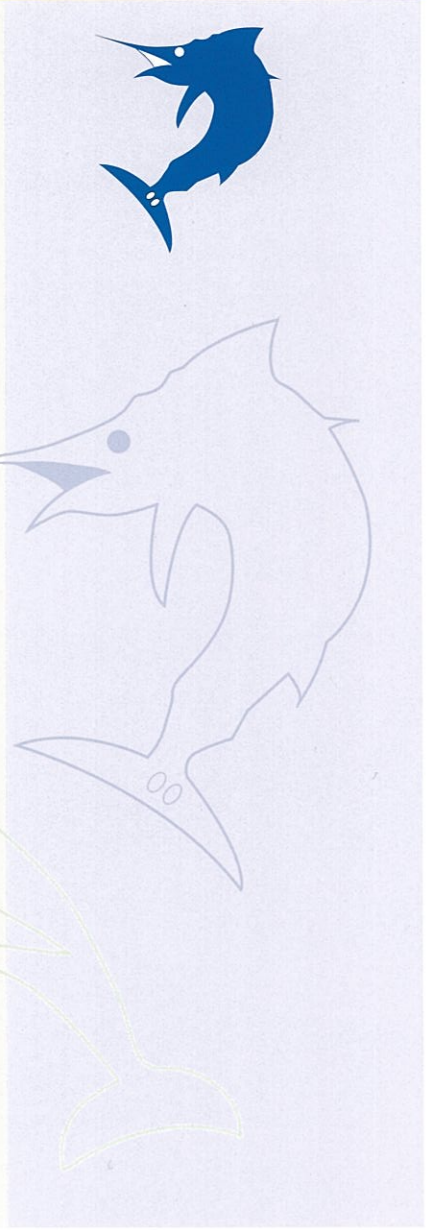
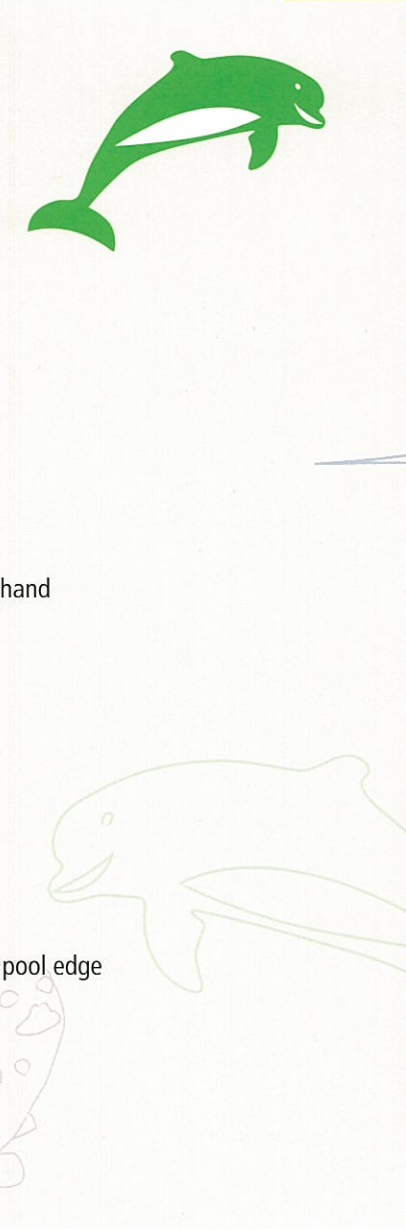
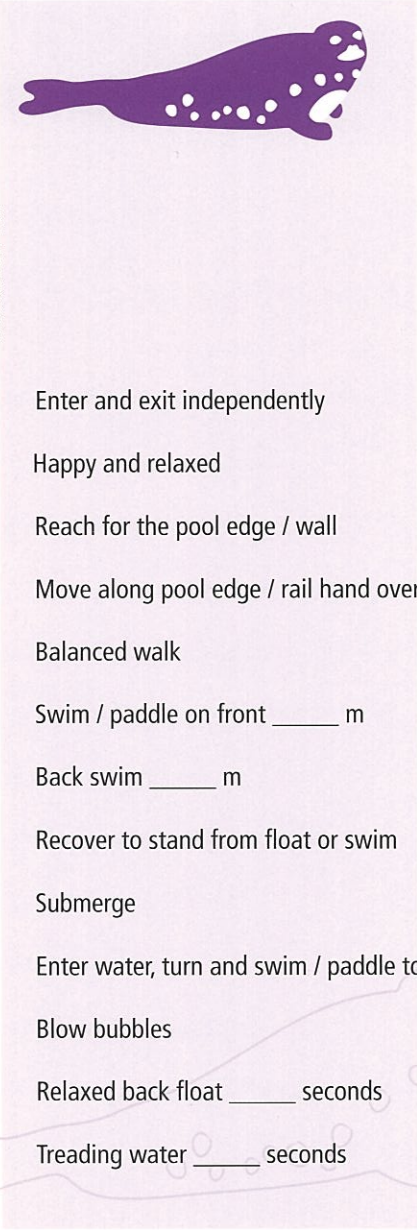
School Swimming and Water Safety Program

| KEY | ✓ achieved | L learning | - not assessed |
|-----|---------------|---------------|-------------------|
|-----|---------------|---------------|-------------------|



With floatation aid
Without floatation aid

- | | | |
|--------------------------|--------------------------|--------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Enter and exit independently |
| <input type="checkbox"/> | <input type="checkbox"/> | Happy and relaxed |
| <input type="checkbox"/> | <input type="checkbox"/> | Reach for the pool edge / wall |
| <input type="checkbox"/> | <input type="checkbox"/> | Move along pool edge / rail hand over hand |
| <input type="checkbox"/> | <input type="checkbox"/> | Balanced walk |
| <input type="checkbox"/> | <input type="checkbox"/> | Swim / paddle on front ____ m |
| <input type="checkbox"/> | <input type="checkbox"/> | Back swim ____ m |
| <input type="checkbox"/> | <input type="checkbox"/> | Recover to stand from float or swim |
| <input type="checkbox"/> | <input type="checkbox"/> | Submerge |
| <input type="checkbox"/> | <input type="checkbox"/> | Enter water, turn and swim / paddle to pool edge |
| <input type="checkbox"/> | <input type="checkbox"/> | Blow bubbles |
| <input type="checkbox"/> | <input type="checkbox"/> | Relaxed back float ____ seconds |
| <input type="checkbox"/> | <input type="checkbox"/> | Treading water ____ seconds |



Student Name: _____ Teacher: _____ Date: _____