



North Cronulla SLSC Nippers 2026-27 Preliminary Evaluations - For Swim Coach to Complete



Child's Name: _____ **Age Group:** _____

Instructions for Evaluation: Based on the child's age group please ensure they can complete the tasks outlined in the table below.

Age Group	Born Between	Floatation	Submerging	Swimming	Task Complete / Comments
U8	1/10/2018 to 30/09/2019	Back or front float minimum 15 seconds, recover to stand	In approx. 1m depth submerge to touch the bottom with hands	Swim 25m freestyle followed by an underwater swim 2-3m (untimed)	
U9	1/10/2017 to 30/09/2018	Back or front float minimum 15 seconds, transition to tread water or sculling minimum 1 minute	In approx. 1.5m depth submerge to touch the bottom with hands	Swim 125m freestyle ≤ 5 minutes, followed by a survival stroke (breast/side/sculling) 25m (untimed)	
U10	1/10/2016 to 30/09/2017				
U11	1/10/2015 to 30/09/2016	Back or front float minimum 15 seconds, transition to tread water or sculling minimum 2 minutes	In approx. 1.5m depth perform a forward roll, recover to the surface then submerge to touch the bottom with hands	Swim 175m freestyle ≤ 5 minutes, followed by a survival stroke (breast/side/sculling) 25m (untimed)	
U12	1/10/2014 to 30/09/2015	Back or front float minimum 15 seconds, transition to tread water or sculling minimum 3 minutes	In approx. 1.8m depth perform a forward roll, recover to the surface then submerge to touch the bottom with hands	Swim 200m freestyle ≤ 5 minutes, followed by a survival stroke (breast/side/sculling) 25m (untimed)	
U13	1/10/2013 to 30/09/2014				
U14	1/10/2012 to 30/09/2013		In approx. 1.8m depth perform a forward roll, do not recover to the surface, submerge to touch the bottom with hands		

I am aware that the information contained on this form will be used as formal skills evaluation information for Surf Life Saving NSW Junior Activities Programs and any inaccurate recordings could result in a potentially dangerous situation for the named child, Surf Life Saving Club, and Surf Life Saving NSW. I confirm the above information is recorded as true and accurate.

Swim Coach's Name: _____ **Australian Swimming Teachers and Coaches Association (ASTCA) #:** _____

Swim Coach's Email: _____ **Swim Coach's Signature:** _____ **Date conducted:** _____

Email the signed and completed form to: dlawson@ncslsc.com.au