



### BUDS SYMBOLS FOR ABOVE THE TIMELINE

- B: Indicates a bowel movement
- U: Indicates urination or diaper change
- DR: Indicates a medical appointment
- \*: Indicates an injury was sustained
- M: Indicates a medication was taken
- F: Indicates a fever over 100.5
- V: Indicates vomiting
- R: Indicates a rash
- <>: Indicates time child was not with parent (child care, etc.)
- ^^: Indicates child was in the water/pool (other than lessons)

### BUDS SYMBOLS FOR BELOW THE TIMELINE

- b: Indicates time breakfast was eaten
- l: Indicates time lunch was eaten
- d: Indicates time dinner was eaten

### OTHER TIMELINE NOTATIONS

- : Draw a line through the timeline to indicate sleep
- Diet: Write all foods/beverages consumed on lines below timeline
- Skills: Circle skills practiced weekly
- Activity/Temperature: See page 2 (or reverse side) for instructions

**Sunday Date:**

**Instructor Initials:**

1230 130 230 330 430 530 630 730 830 930 1030 1130 NOON30 130 230 330 430 530 630 730 830 930 1030 1130

**Monday Date:**

**Pool Temp:**

**Lesson Length:**

**Child Temp:**

**Instructor Initials:**

1230 130 230 330 430 530 630 730 830 930 1030 1130 NOON30 130 230 330 430 530 630 730 830 930 1030 1130

**Tuesday Date:**

**Pool Temp:**

**Lesson Length:**

**Child Temp:**

**Instructor Initials:**

1230 130 230 330 430 530 630 730 830 930 1030 1130 NOON30 130 230 330 430 530 630 730 830 930 1030 1130

**Wednesday Date:**

**Pool Temp:**

**Lesson Length:**

**Child Temp:**

**Instructor Initials:**

1230 130 230 330 430 530 630 730 830 930 1030 1130 NOON30 130 230 330 430 530 630 730 830 930 1030 1130

**Thursday Date:**

**Pool Temp:**

**Lesson Length:**

**Child Temp:**

**Instructor Initials:**

1230 130 230 330 430 530 630 730 830 930 1030 1130 NOON30 130 230 330 430 530 630 730 830 930 1030 1130

**Friday Date:**

**Pool Temp:**

**Lesson Length:**

**Child Temp:**

**Instructor Initials:**

1230 130 230 330 430 530 630 730 830 930 1030 1130 NOON30 130 230 330 430 530 630 730 830 930 1030 1130

**Skills practiced this week:** Float   Rollback   Wall Work   Swim   Flipovers   Swim /Float/ Swim Sequence   Clothes 1 2 3 4 5

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form daily & present it to your Instructor before every lesson!**



### ACTIVITY & TEMPERATURE RECORDING

The ISR RET or your Instructor may require activity and/or temperature monitoring for some students with certain medical conditions or medications. Parents will be notified of this requirement if applicable.

**Activity Recording:** Please record your child's activity level every 2 hours while they are awake. Place this above the timeline. 1= less active than normal, 2 = normal, 3 = more active than normal.

**Temperature Recording:** Record within 1 hour of lesson time.

### DIETARY RESTRICTIONS

Certain foods or fluids can interfere with the lesson performance by creating excess gas in the stomach or digestive upset. Instructors may modify these restrictions based on individual needs.

No food/beverages within 1 - 1.5 hours of lesson

Foods to avoid at least 2 hours before lesson time: dairy products (milk, yogurt, cheese, etc.) and high fat foods.

Foods to avoid completely in any form throughout ISR lessons: APPLES, peaches, pineapple, papaya, passion fruit, honey, celery, spinach

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Skills practiced this week: Float   Rollback   Wall Work   Swim   Flipovers   Swim /Float/ Swim Sequence   Clothes 1 2 3 4 5

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please give this form to your Instructor for his/her records once all days have been completed**