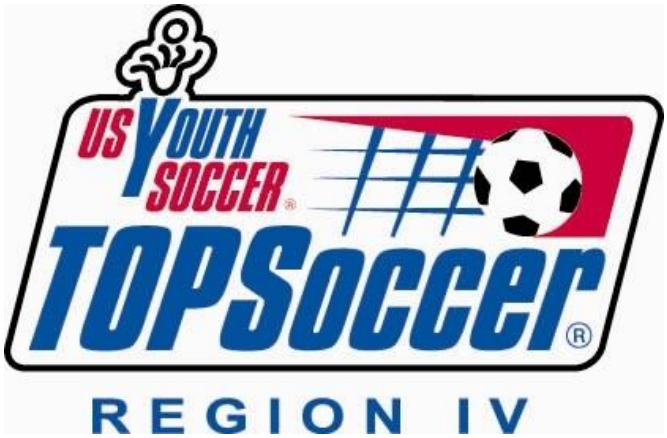


# US Youth Soccer – Region IV
# TOPSOCCER
# Coaches Resource Manual

**Acknowledgements:** **Sandy Castillo – CAL South**
**Marty Torres – Washington**
**Ed Loss – CAL North**
**Rick Flores – CAL-South TOPSoccer Coaching Director**

# Table of Contents

## 1.0 General Information

Welcome to the world of TOPSoccer. This Coaches Manual will dismiss many of the misconceptions that you may have about players with disabilities. Information contained in this booklet is designed to help educate you about the players with whom you will be working. This information is general information and may not cover all the situations that you may encounter.

**Ability** is our focus. Look at what the player has the ability to accomplish, not what the player cannot. Concentrate on the positive, not the negative.

1.1 What is TOPSoccer?

TOPSoccer is defined as The Outreach Program for Soccer and is a community based soccer program that is designed to meet the needs of the children aged 4 and older with physical and/or mental disabilities. The program is geared toward player development rather than competition. Players are placed on teams according to ability NOT by age. The goal of TOPSoccer is to enrich the lives of young players with disabilities through the game of soccer.

## 1.2 Defining the TOPSoccer Player

A TOPSoccer player is any player, who for physical, mental or behavioral reasons cannot successfully participate in a recreational soccer program. The players range from 4 and older. Check with your league and/or state association to determine starting age of players. Our goal is to provide a safe environment in which the player can participate in a soccer program, based on ability, not age. The ability and participation level of these players will be diverse.

The TOPSoccer player should not be defined by their disabilities. Remember, first and foremost, they are players with different personalities and abilities. The key to the success of these players is patience. Each player will develop at his or her own rate. We are in their time zone. We cannot rush the time in which they will learn, but we can make this adventure fun for all involved. These players require physical activity for optimum health and the opportunity to participate in organized sports. Participation in the TOPSoccer program can help the player develop a positive self-image and self-confidence.

For many of these players, this will be their first experience in organized team sports. Many do not have the basic understanding of the concept of the game. The TOPSoccer program will consist of a wide variety of ages and abilities. Keep in mind that the parents of the TOPSoccer players will be on hand to assist you in dealing with their players.

## 1.3 General Characteristics of the Special Needs Player

1. May have short attention span
2. May have little or no concern for team activities
3. Physical and psychological development may be delayed
4. Eye and hand/or foot coordination may be delayed
5. May tire easily

## 1.4 Safety Considerations

When working with players with disabilities additional safety considerations are required. Here is a lit of a few safety considerations:

1. Identify players with epilepsy, asthma, seizure disorders and have knowledge of how these are managed.
2. Recognize that TOPSoccer players may tire easily and need shorter practice sessions with longer breaks in between activities.
3. Players dehydrate at a faster rate and will need to replace fluid more frequently.
4. Special precautions for specific skills in soccer; i.e. tackles, heading the ball.
5. Recognize players with poor balance and co-ordination. They may be more prone to falling and injuries.
6. Have emergency evacuation plan available and all coaches aware of the procedure.
7. Have a complete first aid kit available at all times.
8. Have signed medical release forms and emergency contact information up to date and on hand at all times.
9. Require that a parent and/or guardian be present at all practices and/or games.
10. Players with Down syndrome should be cleared by their physician for AAI (Atlanto-Axial Instability). Check with your State Association TOPSoccer Chair for your state's procedure.
11. The goal is for the player to participate to the best of their ability, independently.

## 1.5 Language

Language is very powerful. Our use of words can convey a positive environment. Some words can enable the player while others can perpetuate stereotypes and create false ideas about our players. Words such as cripple, dumb, dummy, retarded, mongoloid and victim create a negative image of the player. In contrast, words such as physically disabled, hearing impaired, mental disability, Down Syndrome, and speech impaired allow the player to be enabled rather than disabled. Remember to put the player first. They are a player with a disability, **not** a disabled player. They are a player with Autism, NOT an autistic player. A person is not

confined to a wheelchair or by other adaptive equipment. The adaptive equipment and wheelchairs liberates them and allows them to be independent, not confined. **Do not be condescending.** Players with disabilities are not to be pitied, patronized or admired. They need to be supported, encouraged, and praised for what they have accomplished. Refer to the player by name, not their disability or as a person with a disability. They are **players** first. Don't be afraid to make a mistake. Parents will correct you if you misspeak. They will understand if you use the wrong terminology. The language is constantly changing. If you put the player first, you will not make a mistake.

## 1.6 Communication

Communication is very important to be successful. There are two forms of communication; verbal and non-traditional.
Verbal is using words and is the most common. However, this can be misunderstood. Most coaches give verbal instructions and information. Too much information can lead to boredom or frustration, especially if the player has communication challenges. (Hearing, ADD, ADHD, Developmental Disabilities to name a few) Remember to listen to the verbal communication from the player. Using closed questions that require a yes or no response is particularly valuable. Coaches can learn from the player by listening, asking questions and getting to understand the needs and goals of the players.
Non-traditional communication such as gestures, facial expressions and even posture, can be more powerful than the verbal communication. Most communication, up to 90%, is non-traditional. Non-traditional communication can include mirroring, body language and hand gestures.

1.6.1 **Visually Impaired Players:** Determine what can be seen at the outset-do not assume

1. Ensure verbal instructions are concise and accurate
2. Be aware of influence of environment factors:
    a. Amount of light available
    b. Change in light (cloud cover)
    c. Type of light (sun, fluorescent lights, floodlights)
    d. Positioning of player and/or coach in relation to light source
    e. Level of background noise( echo or reverberation)
3. Address player by name
4. Do not walk away without telling player
5. Touch player only with permission
6. Use key words-avoid long complicated sentences
7. Be logical and sequential when presenting information
8. Enlist parents/guardians to assist with guiding until coach is able to assist

### 1.6.2 Hearing Impaired Players

1. Ensure your face is well lit. This will assist player with lip reading or reading signs.
2. Face payer at all times when speaking.
3. Do not chew, shout or cover mouth when talking.

4. Do not presume the player can lip-read or that they understand every word.
5. Close proximity to player will be important to gain their attention e.g. eye contact, waving or tapping on the shoulder.
6. Be aware of background noise.
7. Keep sentences simple and avoid unnecessary words. Establish the meaning of sport specific language before you start session and use exact wording each time.
8. Re-enforce spoken language with written instructions. Allow player time to read instructions before beginning sessions.
9. Be aware that player may be able to read lips even when standing at a distance.
10. Use an interpreter such as a parent to assist in communicating with player if necessary.
11. Establish mutually identifiable signs or gestures.

### 1.6.3 Communicating With Other Players

1. Speech impairments should not be automatically associated with learning disabilities.
2. Establish the extent to which instructions and directions are understood.
3. Keep it simple, clear, concise without being patronizing.
4. Use age appropriate language.
5. If in doubt, ask parent/guardian for assistance.

## 1.7 General Physical Differences

This information is "general" physical differences. This may apply to some or all of the TOPSoccer players.

1. The player may lag behind their age group in fundamental movement skills such as running, and kicking.
2. The player may have difficulty in controlling movements.
3. The mobility and range of movement may be limited.
4. Performance of skills may not be in a smooth and efficient manner and may use extra movements and body parts and may appear clumsy.
5. Skill performance vacillates from practice to practice.
6. May tire easily and have little energy, or may be hyperactive and/or have excess energy. This is difficult to control and causes short attention span.

## 1.8 General Cognitive Differences

1. The ability to understand language may be better than the ability to speak or gesture.
2. Needs more time to process information.
3. May have difficulty staying focused on task.
4. May demonstrate the inability to initiate a movement and put the correct parts into a proper sequence.
5. May have difficulty carrying out a multiple step direction.
6. May require direct instruction.
7. May understand language literally.

## 1.9 General Social/Emotional Differences

May exhibit extreme mood shifts during practice or games.

1. May lag behind in social/emotional development.
2. May require structure and consistent setting each time.
3. May have difficulties in interactive social skills such as taking turns or passing.
4. May have difficulties in making friends.
5. May have difficulties in recognizing facial expressions, body language or tone of voice of others.

## 1.10 Dealing with Specific Behaviors and Conditions

1. Tactile defensiveness: This player does not like being touched. Allow the player to make the first move.
2. Abnormal fears: Encourage the player, but do not force player to participate
3. Violating personal space: Some players do not respect others personal space or boundaries. Use buddies and/or verbal prompts as they approach other players/you to redirect player
4. Sensory overload: Some players may show signs of too much stimulation with facial grimacing, vocalizations or ritualistic movements. Have the player take a break or change players activity
5. Tantrums, acting out: A player who is acting out or throwing a tantrum requires a time out. Use parents to assist.
6. Seizures or other medical emergency: Ask parents to step in and/or call 911

## 2.0 RISK MANAGEMENT AND SAFETY ISSUES

### 2.1 Risk Management Issues

**Players with a disability are 3.8 times more likely to be abused**

1. Players with a disability are more vulnerable.
2. Assumption about a player's behavior may result in indicators of the abuse being mistaken for player's disability.
3. Lack of effective sex education or safety and awareness creates more vulnerability in players with a disability.
4. Player may receive intimate personal care from a number of caregivers. This may increase opportunities for abusive behavior or desensitized the player to abuse.
5. Player may be more vulnerable to bullying, intimidation or abuse by peers.

**THESE ISSUES MAKES THE SAFEGUARDING OF DISABLED PLAYERS A PRIORITY**

Players with a disability must be recognized and valued as equal citizens with equal rights.

### 2.2 SAFETY MANAGEMENT TIPS

1. Start with balance. Gear practices to the player's ability. Work with activities suitable to the abilities of the players. Plan!
2. Insure manual and or physical support is only provided when necessary. Provide support openly. Consult with the players as to their hands-on needs. Be aware of how any physical contact looks from a bystander's viewpoint. Care is needed when providing manual support; it can be difficult to maintain hand positions when a player is moving. When possible, hold the player's hand or elbow, not another part of his or her body. Support, when needed, should be provided by gender/age appropriate individuals.
3. Many players bond with an individual buddy/volunteer. This can set up a safety/risk management issue for both player and volunteer. Make sure that no volunteer/coach/buddy/administrator exerts undue influence over a player with disabilities.
4. Educate your volunteer/coaches/buddies/administrators paying special attention to youth volunteers. Make sure they understand that the disabled player may on occasion act inappropriately. Prepare them and give them strategies to react appropriately. Examples:

a. Change the player's focus by changing activity to reduce frustration. Some of the player's actions may be due to frustration at being unable to complete the task.
b. Work with the player one on one as opposed to a large group but stay within sight of parents and other volunteers. This player may need individual attention to succeed and relive some of the frustration.
c. Speak to the player regarding his/her behavior. Use the same phrase each time the player repeats the inappropriate behavior. Use soft, calming, non-judgmental voice when talking to the player.
d. Remove the player for time out with his/her parent.
e. Ask the parent for the "reward" used at home to modify the players' behavior. It could be a favorite food, movie, etc. that can be used to modify the players behavior.

5. Use alternate, safe actions. If a disabled player acts inappropriately, make sure that the adult or buddy responds correctly. For example replace hugs with a high five. Acknowledge your role as a protector of the disabled. Be aware of signs of abuse.
6. Familiarize yourself with the laws of your state regarding abuse reporting. Players with disabilities lack of fitness and possible obesity can be exacerbated. They may have fewer opportunities to participate in activities. They may be made to feel "different".
7. They may realize that their presence makes others uncomfortable. One researcher stated that 25% of non-disabled players are obese and sedentary in their habits and that the percentage of players with disabilities is 3 times that. Make sure you plan for appropriate safe activities and acclimate participants to weather conditions.
8. Players with disabilities must be provided a safe playing environment. Make sure that indoor and outdoor surfaces are carefully walked and screened for safety issues such as uneven terrain or flooring, rocks, broken glass, etc. Make sure goals are properly secured.
9. Check with your state association for rules and procedures regarding background checks for all volunteers.
10. **NEVER ALLOW ANY ADMINISTRATOR/COACH/BUDDY/VOLUNTEER TO BE IN A SITUATION WHERE HE/SHE IS ALONE WITH THE PLAYER. NEVER WORK WITH THE PLAYER OUTSIDE OF THE SIGHT OF THE GROUP, ESCORT THE PLAYER TO THE RESTROOM, ETC. PROTECT BOTH THE PLAYER AND THE ADMINISTRATOR/COACH/BUDDY/VOLUNTEER BY ENFORCING A STRICT POLICY OF STAYING IN GROUPS.**

## 2.3 Overview of Disabilities

### 2.3.1 Autism Spectrum Disorders

Over the years, the number of TOPSoccer players with Autism has increased. This is the least understood syndrome affecting our players. The spectrum of Autism continues to grow each year as do the number of players diagnosed. This is also the area were most coaches have the most difficulty. This is a simplistic overview of the syndrome. Consult with their parents for the best way to coach their player with Autism. Each player is different and parents are the best source of information. Players with Autism are generally **not** Rain Man, mentally retarded, and unreachable.

They in fact, live a "normal life" and participate in most facets of society-recreation, work, school, etc. They have uncanny memory skills, follow rules, are not subject to peer pressure, are not cheaters, and understand fairness. Players with Autism exhibit odd behavior, abnormal eye contact, strange tone or inflection in voice, difficulty transitioning from one activity to another, may appear not to hear you, are rigid, and may have normal or above normal IQ.

Characteristics

1. No speech, non-speech sounds, delayed speech, mimicking words without understanding meaning, profound confusion, frustration with lack of speech is common
2. Lack of peer interaction, lack of eye contact, seemingly unaware of other people, treating people as objects, parallel play rather than interaction
3. Lack of imaginative play
4. Not interested in being picked up/cuddled, preoccupied by 1:1 movement, flapping hands, tiptoe walking, aggressiveness towards others, lack of interest in "normal" toys, obsessive towards patterns, repetitive in behavior, lining things up, self injury, needing to live with a routine that does not change
5. Dislikes certain sounds, dislikes being touched, very passive or very active behavior, nervousness, unaware of various physical stimuli such as pain, covering ears at loud noises, "blanking out" active environments, often seems uncomfortable in extreme temperatures.

Autism causes players to experience the world differently from others. It is difficult for players with Autism to talk to others and express themselves' using words. They usually keep to themselves and many cannot communicate without special help. Normal sounds may bother these players and they may cover their ears. Touch, even a gentle touch, may make them uncomfortable. They have difficulties connecting with other people. Players with Autism do not like change in routines and may have difficulty making sense of the world.

**There are many disorders that fall under the Autism Spectrum. The following is a list of the most common.**

1. Asperger's Syndrome (AS)/Pervasive Development Disorders(PDD
    a. Characterized by social isolation and eccentric behavior, impairment in two-sided social interaction and non-verbal communication, grammatical, but peculiar speech due to abnormalities of inflection and repetitive patters, clumsiness in both their articulation and gross motor behavior, have circumscribed area of interest leaving no space for age appropriate common interest

2. Hyperiexia
    a. Features advanced reading abilities at early age, however comprehension is questioned, abnormal social skills, difficulties in socializing and interacting appropriately with people, rarely initiates conversations, intense need to keep routines, difficulty with transitions, ritualistic behavior, strong auditory and visual memory, difficulty answering ,"wh—" questions such as what, where, who and why, think in concrete and literal terms, appears to be deaf, listen selectively

3. Rett Syndrome affects mostly girls
    a. Stage I- 6-18 months
        i. Disinterest in play activities

b. Stage II-1-3 years
    i. Rapid regression, irritability autistic like symptoms
c. Stage III 2-10 years
    i. Severe seizures, mental retardation, hand-wrings, hyperventilation, teeth grinding
d. Stage IV 10 years plus
    i. Scoliosis (curvature of the spine) muscle wasting, rigidity, improved eye contact

4. William Syndrome
    a. Hypercalcaemia(elevated calcium levels) hyperacusis (sensitive hearing), overly friendly, excessively social personality, unique strength in their expressive language skills, extremely polite, have greater interest in interaction with adults than with peers, developmental delay learning disabilities and attention deficit, older players and adults often demonstrate intellectual "strengths and weakness" such as speech, long term memory and social skills while other intellectual areas such as fine motor and spatial relations are significantly deficient
5. Fragile X
    a. Hereditary condition which causes a wide range of mental impairment from mild learning disabilities to severe mental retardation, most common in males, females affected and degree of impact is diminished because of the two x chromosomes in females and only one x chromosome in males, behavioral characteristics include attention deficit disorders, speech disturbances, hand flapping, autistic behaviors, poor eye contact, aversion to touch and noise, delayed language development, learning to talk by memorizing phrases instead of putting words together freely, repeating phrases out of context, muddling up "I" and "you", problems understanding questions especially involving "how" and "why", difficulty following conversations, having difficulty understanding social situations and expectations, like rigidity to routines, lack imaginative play

### 2.3.2 Cerebral Palsy

a. Cerebral palsy is not a disease or illness- it is a brain lesion.
b. It is non-progressive and causes variable impairments of co-ordination, tone and strength of muscle action, impacting on postures and movements.
c. Players may be prone to accidents and injuries because of balance and co-ordination.
d. Players may be prone to more frequent dehydration, muscle cramps and exhaustion.

### 2.3.3 Learning Disability/ADHD

a. May not understand obvious situation that may be dangerous and may not react swiftly to commands.
b. Player may need to be reminded to hydrate and to avoid exhaustion.
c. Player may dress in inappropriate clothing.

## 2.4 EXTENDED OVERVIEW OF TYPICAL DISABILITIES

### 2.4.1 AMPUTATION- Loss of any limb after birth

**Characteristics-** Use of a prosthesis, pain, balance problems
**Suggestions-** Use of wheelchair or adaptive equipment

### 2.4.2 CEREBRAL PALSY- Non-progressive disorder of movement, resulting from abnormality or injury to the brain prior to or during birth, infancy or childhood.

**Characteristics-**

- Involuntary muscle movement with stiff or flaccid muscle tone of one or more extremities with deterioration of unused muscles.
- Partial or total paralysis
- Lack of coordination or balance
- Abnormal posture
- Sensitivity to hypo-/hyperthermia
- Lack of bowel or bladder control
- Communication problems
- Learning difficulties
- Lack of judgment
- Lack of motivation or initiation
- Visual or hearing impairments
- Respiratory difficulties
- Seizure disorder
- Behavior problems
- Need for activity assistance

**Suggestions-**

- Use of wheelchair or adaptive equipment,
- New or exciting stimuli may cause muscle tension,
- Use a soothing, positive voice,
- Allow the time needed for muscles to respond to brain command,
- Work on one task at time to avoid over stimulation of brainpower and muscle control.
- Don't assume the person is mentally impaired just because they have difficulty in speech or controlling drooling, or other behaviors that may appear antisocial
- If person is non-verbal, ask the parent/caregiver how he or she communicates. This may be through yes or no responses or communication device.
- Ask the parent to have player demonstrate yes or no and often used phrases
- Encourage participation and maximum independence
- Focus on ability and what a the player can do
- Activity may need to be adapted to individual ability
- Keep the natural challenge in the activity

**2.4.3 CYSTIC FIBROSIS-**Non-Contagious Disease of The Glandular And Respiratory Systems**.**

**Characteristics**-

- Susceptible to overheating and infection
- Respiratory problems in excess mucus secretions
- Poor digestion
- Possible deterioration of muscles

**2.4.4 DEVELOPMENTAL DISABILITY-** Mental Retardation, Cerebral Palsy, Epilepsy, Autism, or other neurological conditions causing significant need for hands-on assistance, lowered IQ, learning or communication deficits.

**2.4.5 EPILEPSY-** Non contagious seizure disorder, which changes consciousness or movement for short time.

Jacksonian-

- Jerky movements
- Usually on one side of the body starting in one area, then spreading.
- No loss of consciousness

Petit Mal-

- Momentary loss of consciousness

Grant Mal-

- Convulsive movements
- Usual loss of consciousness with post seizure fatigue
- Possible warning signs and loss of bowel or bladder control

**2.4.6 HEAD INJURY/STROKE-** Traumatic injury to the brain or lack of blood supply to the brain causing temporary or permanent brain injury.

**Possible Characteristics:**

- Partial or total loss of sensation
- Total or partial paralysis of one or more extremities, loss of muscle control, weakness.
- Muscle spasms, involuntary muscle movement, decreased muscle tone.
- Lack of coordination or balance
- Loss of bowel or bladder control
- Sensitivity to hypo-/hyperthermia
- Visual or hearing impairments
- Communication problems
- Learning and memory difficulties
- Lack of judgment, motivation or initiation
- Lack of attention span, planning, problem-solving
- Lack of awareness of problems
- Seizure disorder
- Behavior problems
- Need for activity assistance

## 2.4.6.1 Cognitive:

- Decreased judgment about ability in safety, impaired learning ability
- Memory deficits, concentration impairment
- Difficulty generalizing information experiences, concrete thinking
- Decreased ability to understand language
- Decreased ability to plan or sequence movement

- Decision-making problems, disoriented in time

### 2.4.6.2 Emotional:

- Mood swings, depression, lack of motivation, blunted emotional expression
- Fatigue, restlessness, denial
- Self-centeredness, anxiety, low self-esteem
- Difficulty with emotional control
- Decreased social skills
- Insistence on doing things independently even when not able

### 2.4.6.3 Suggested Approaches:

- Use of wheelchair or adaptive equipment
- Use simple, concrete, brief instructions, one step at a time
- Demonstrate visually and physically while explaining
- Use repetition, a lot of time for practice
- Keep instruction short and provide several breaks
- Be aware of signs of fatigue and be prepared for emotional outbursts.
- Frequently verbalize concrete and simple instructions
- Keep the experience within the planned structure
- Use a soothing, positive voice
- Don't talk down to the player
- Focus on ability and what the player can do
- Activity may need to be adapted for individual ability
- Encouraged participation and maximum independence

**2.4.7 MENTAL DISABILITY-** non-progressive, non-contagious condition resulting in below average rate of development and difficulties in learning and social adjustment.

**Possible Characteristics:**

- Learning difficulties
- Lack of judgment, initiation or motivation
- Communication problems
- Physical problems including muscle control, coordination, balance, bowel and bladder control
- Overweight
- Visual and hearing impairments
- Seizure disorder
- Behavior problems
- Need for activity assistance

**2.4.8 MUSCULAR DYSTROPHY-** progressive, non-contagious disease causing degeneration of muscles.

- Easily fatigued
- Loss of muscle control and weakness

Possible:

- Respiratory difficulties
- Overweight
- Use of wheelchair or adaptive equipment

- Need for activity assistance

Suggestions:

- Focus on ability and what the person can do
- Activity may need to be adapted for individual ability
- Be aware of signs of overheating/cooling and fatigue
- Asked the player if he/she needs assistance in a task prior to giving assistance
- Allow the time needed for muscles to respond to brain commands
- Allow for rest, breaks and use lots of energy conservation techniques
- Encourage a person to pace themselves
- Stop the activity if there is some pain, fatigue or change of body temperature
- Encouraged participation and maximum independence

### 2.4.9 SPINA BIFIDA/SPINAL CORD INJURY- non-contagious birth of the spinal column and cord (SPI).

- Partial or total paralysis below defect with deterioration of unused muscles
- Partial or total loss of sensation below defect

Possible:

- Loss of internal organ function below defect, (i.e.: bowel, bladder, diaphragm)
- Muscle spasms and involuntary muscle movement below defect
- Susceptibility to bone fracture below defect
- Use of wheelchair adaptive equipment
- Sensitivity to hypo-/hyperthermia
- Need for activity assistance
- Hydrocephalus (excess fluid around the brain) drained by a shunt
- Cognitive problems

**Suggestions:**

- Remember that mental functioning is not impaired
- Ask or often check extremities for temperature regulation
- When assisting a person into and out of his or her wheelchair, ask them how they like to be assisted in the transfer
- Be aware of signs of body temperature control problems and fatigue
- Ask the player if he/she wants assistance in any task prior to giving any assistance
- Encourage participation and maximum independence

## 2.5 OVERVIEW OF DISABILITY CONSIDERATIONS

People with the same disabling condition are individuals. Focus on abilities, which often overcome disabilities.

**How To Determine Problems**

- Obtain and read medical information forms for your player submitted by parent/guardian.
- Talk with your player and let him/her guide you. Most offer reliable information and know ways to compensate. The exception may be those with cognitive disabilities. Sometimes they're not reliable, so confirm information with parent or guardian.
- Talk with family, Buddy or staff. They can confirm and add information.

- Talk with caregivers, teachers, and adaptive PE specialists to get general descriptions of different types of disabilities from them.

**Cognitive-** Affected by developmental disabilities, psychiatric disorders, cerebral palsy, hydrocephalus, and stroke or head injury.

| Function | Characteristic | Tips |
|---|---|---|
| Intelligence | Measure of knowledge base and ability to learn. Also affected by lack of experience or formal schooling. Usually learns slower, needs repetition | Use variety of methods using verbal explanation, visual demonstration, physical assistance, and experience. Allow for ample repetition. Use simplified sentences and simple single-step, rather than multi-step, instruction. Relate to chronological age, don't talk down, use baby talk or sing- song |
| Memory | • Short-term memory can be affected, may not remember what was just learned, needs repetition<br>• Long-term- may not remember events prior to injury, may not relate to society's common experiences | Teaching methods as described above under "intelligence" apply |
| Judgment | • May be unable to differentiate between safe/unsafe and right/wrong. Example -- may not realize need for warm clothing, even after explanation.<br>• Partial or all judgment may be affected. | • Pay close attention to child, give good direction and encourage them to make decisions. They can be corrected and given positive information if the decision is not a good one.<br>• Allow them to learn more about decision making by using their judgment and giving feedback to individual about decisions. |

| | | |
|---|---|---|
| Initiation/motivation | May not continue activity or move on to next level without encouragement. Will usually do as asked. | Give ample encouragement |
| Attention span | May be unable to pay attention, even for two to four minutes. May be able to focus, if there are no distractions. | • Verbally or physically obtain attention. Try switching tasks or going back and forth between two related tasks. |
| Decision-Making | May be unable to choose between two or more choices | • Some need specific, concrete choices and can choose between three or four.<br>• Others can choose only between two concrete choices. Some choose between yes and no, for one choice.<br>• Still others must be told their choice example, " we are going to stop now okay?" Don't offer a choice you cannot live with. |

## 3.0 COACHING A TOPSoccer PLAYER

### 3.1 Characteristics of Effective Youth Coaching

High Moral and Ethical Standards

- Be an appropriate Role Model.

Honesty

- Be fair, no one likes to cheat.

Respect of Players, Officials, Parents and Community

Develop strategies to develop positive relationships will all involved.

Communication

- Appropriate verbal and nonverbal responses (body language and gestures).
- Appropriate language (words, tone, volume, rhythm, articulation).

Development of Appropriate Temperament for Coaching Children

- Be sensitive to each child
- Exhibit a calm personality
- Show patience
- Observe and Guide: Don't direct
- Use your normal voice, not a whistle

Ability to Motivate Positively

- Develop high levels of self confidence
- Positive Coaching
- Don't Yell

Be Dedicated to Child Development and the Sport of Soccer

- Understand what is appropriate for different ages and levels of play.
- Let every child play (and play a lot)

Be Enthusiastic

- Your enthusiasm is contagious
- Celebrate

Have a Good Sense of Humor

- Keep things light
- Have fun
- Smile and Laugh

## 3.2 ICE BREAKERS

(Groups of 2, 4,or 6 Coaches)

Why do players with special needs play soccer?

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| 1. |
| 2. |
| 3. |
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| 8. |

Why do typical players play soccer?

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| 1. |
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| 8 |

What life skills can a TOPSoccer player gain from soccer?

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| 1. |
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| 8 |

What life skills can a typical player gain from soccer?

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|---|
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **6.** |
| **7.** |
| **8.** |

List the qualities that make a good coach for non disabled players.

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| 8. |

List the qualities that make a good TOPSoccer coach.

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| 6. |
| 7. |
| 8. |

## 4.0 Planning and Organizing Coaching Sessions

There are additional questions that must be addressed prior to starting a coaching sessions.

1. Have safety issues been addressed?
2. Are individual goals realistic and geared for success of the player?
3. Can all the player's needs be meet in the session?
4. Are there enough breaks in the sessions to ensure that players are given enough time to hydrate and rest?

Remember to be creative, adapt, modify available equipment and most importantly, have **FUN!**

## 4.1 The Inclusion Spectrum

The Inclusion Spectrum is an activity-centered approach to the inclusion of individuals of different abilities. This spectrum consists of four approaches to the delivery of activities or practice. This approach aims to empower coaches to encourage full participation and involvement by the TOPSoccer player.

1. Open Games- everyone participates with minimal or no adaptation or modification.
2. Modified Games- Changes made to promote inclusion
3. Parallel Games- Everyone plays the same game with players organized by ability groups and activity modified to level of each group.

**Disability Soccer- Players with disabilities participate in specific groups, such as the Paralympics.**

## 4.2 Planning Your Training Session

When planning your TOPSoccer training session. Keep in mind the types and levels of disabilities of the players participating in your program. You should have a plan that includes a theme for your training session, what you would like players to accomplish and keeps all participants involved and having fun.

Training sessions should be determined by the abilities of the players and their specific needs. Allow time for a fun game while waiting for late arrivals. Usually allow 15 minutes at the scheduled start time to get into your practice and a little time for the players to get reorganized after breaks. Remember to have a plan but to be flexible.

Keys to a successful training session:

1. Have a theme for your practice and stick with it. Varying topics within a practice session leads to confusion.
2. Develop a practice plan and make sure all your coaches and buddies know what it is.
3. Keep sessions varied and challenging, recognizing that some players may do better with a routine rather than a varied training session.

4. Don't give long explanations. Give brief explanations and corrections when problems occur.
5. Make sure your practice is set up for success.
6. Make sure your practices are upbeat, positive and fun.
7. Demonstrate the skills you would like performed.
8. Allow players to make mistakes and learn from them.
9. Focus on individual improvements rather than comparisons.
10. Be patient!

## 4.3 Coaching Tips

1. Remain upbeat and encouraging. Your comfort level will increase as you get to know your players.
2. Keep instructions brief.
3. Demonstrate skill.
4. Present one task at a time.
5. Repetition. Repeat instruction and/or demonstration of skills if player has trouble completing task.
6. Every player has own ball.
7. Encourage lots of player participation.
8. Speak in a soothing, positive, calm and distinct voice.
9. Be patient and understanding.
10. Adapt techniques to fit the ability of the player.
11. Do not take the challenge out of the activity.
12. Be flexible.
13. Observe for signs of fatigue.
14. Lots of rest and water breaks.
15. Anticipate behavioral reactions.
16. Realize that your players will have a varying range of understanding, retention and communication skills.
17. Strive for independence. Allow player to learn from their mistakes.
18. Talk to your player, not down to them.
19. Discipline player if necessary. What is unacceptable behavior in a typical player is unacceptable player in the TOPSoccer player.
20. Remember**,** safety, fun and learning.
21. Look for ways to modify activities to allow full participation by all players.
22. Communicate with the parent regarding any questions you have about their player. They are the most qualified to assist you in working with their player

## 4.4 Practice Day Tips

1. Plan your training and know the skills you are teaching
2. Make sure you have planned for all the equipment you need
3. Always be in a position so all players can see you when you speak
4. Speak clearly and for short periods
5. Demonstrate only when you are confident that you can perform the required skill. Otherwise have an assistant, mentor, or one of the players do it.
6. Ask questions of participants

7. Players learn by doing, so allow as much time as possible to training the activities
8. Keep sessions realistic
9. Make sure participation is meaningful for everyone

## 4.5 Stretching Suggested Exercises

A circular formation is ideal shape to introduce stretching activities. Specific stretching activities may or may not be specific for certain types of disabilities.

**Static Stretches-** Stretching while still; no vigorous movement. Stretch the major muscles; especially hamstring, groin, thigh, calf and neck

**Arm Stretches**- Stand with feet apart or sit with legs comfortably crossed. Extend arms over the head, bending them at the elbow. Wrap one hand around opposite arm just below the elbow and gently pull the arm toward the head. Switch arms and repeat.

**Neck Stretch**- Tilt head gently front, back and side to side in four directions. Repeat several times. Do not roll the neck in circles.

**Ankle Stretch**- keep heel on the ground while keeping toes raised high.

**Calf Stretch**- In a runner's start position, lock knee, shifts body to lean forward. Rest hands on the front bent knee while leaning forward slightly stretching out the back leg by pressing the sole of the foot flat against the grown.

**Groin Stretch**- Stand with legs spread, bend one knee and shift body to lean towards that direction. Repeat with other leg. Or Sit with the soles of the feet touching, knees bent.

**Quad Stretch**- Lift one leg behind the body, clasp hand behind ankle

**Hamstring Stretch**- Feet together, bend forward, rotate ball with hands around both legs.

**Back Stretch**- While seated, use the hands to roll the ball around the body and outstretched legs

**Stomach Stretch**- Lay on ground on your back, raise hips, hold and lower.

**Thigh Stretch**- Lie down on one side with legs outstretched, body in a straight line and one leg on top of the other. Support the raised trunk with one arm and use the other hand to grasp the ankle of the top leg and gently pull it back. Roll over onto other side and repeat.

**Dynamic Stretches-** stretching while moving skipping, hopping on one or both feet, running backwards, sliding sideways

**Knee Kicks**- Standing holding the ball in front of the body with arms bent at the elbows. Raise alternating knees to touch the ball.

**Heel Kicks**- Stand holding the ball behind you. Kick alternating feet backward to touch the ball with the sole of the foot.

**Hop-Along Knee Kicks**- Perform the knee kick while taking little hops with one leg as the other is raised to touch the ball.

**Do the Twist**- Start walking, holding the ball in front of the body with arms bent at the elbows. While walking, twist the ball to the right, back to the front and to the left.

**Twist with the Twist**- Do the twist while jogging or hopping.

**Partner Passes**- Pair up players with buddies or with a volunteer. Stand back to back, player with a ball. Player passes the ball to the buddy overhead, between the legs and side to side.

**Chain Passes**- Make a line of players, or players and buddies, standing one behind the other. Pass the ball from the front of the line to the back as with partner passes, except when passing from side to side, alternate sides. The ball passes to one player on the right is passed to the next player on the left.

**Dropped Ball**- While holding the ball, raise arms high over the head and drop the ball onto the ground. Bend at the waist to pick up the ball.

**Throw-Ins**- Begin as with "dropped ball" but then bring the arms behind the head and complete a throw to a partner, who picks up the ball and throws it back.

## 4.6 Warm Up Games

Familiar childhood games such as Freeze Tag, Simon Says, Mr. Wolf, and What Time Is It? and Follow the Leader are good games to start a practice.

**Freeze Tag**- Create a boundary with cones in either a circle or square shape. Each player is given a ball and dribbles the ball inside the marked area. Buddies/volunteers/coaches try to kick the ball away from the player. If the player loses their ball, another player must either crawl between the "frozen" player's legs or touch the player on the arm to unfreeze them. Unfrozen player may then retrieve the ball and continue dribbling, trying to avoid the buddy.

**Simon Says**- same format as the original game but using soccer balls. Simon can call for players to throw the ball in, or kick the ball in a goal or dribble the ball.

**Mr. Wolf, What Time Is It**? - Each player should have a soccer ball. Coach and buddies stands between 20 to 30 yards from players who are in a line, standing shoulder to shoulder. Players ask the coach in loud voices, "Mr. Wolf, what time is it?. The coach answers it __ o'clock (1-12). Players dribble the ball while taking the corresponding number of steps. This continues until the coach answers "its lunch time". At this point the players try to reach a safe zone beyond the coaches/buddies

while the coach tries to take the ball away from the player. If the player loses his ball, he becomes a wolf.

## 4.7 Introducing New Skills

When introducing new skills, use the "mirror" method first. (Coach/buddy demonstrates a skill and player copies the movements of the coach/buddy)

**Dribbling**- using the instep of foot (not toe) ankle locked, heel down have player strike the ball softly using small controlled steps…ball should be approximately 2-3 feet in front of player. Encourage player to look up while dribbling.

1. Set up two cones about 5 yards apart for each other. Player dribbles ball back and forth from each cone.
2. Player dribbles ball around cones in a figure 8 pattern
3. Create a circle using cones. At a given signal, (using whistles, if possible) dribble the ball while keeping the ball away from the coaches and/or helpers
4. Divide the players into two teams, lining up on opposite sides of a rectangular area. Players, on a given signal, dribble the ball to the other side and then back to their starting position. The team getting all the players back to their starting point is the winners.

**Passing**- Ankle is locked, foot slightly up at the toe, thigh is turned outward. Connect with the middle of the ball just before the instep and follow through continuing in the direction and pace of the pass.

**Outside the foot pass**- Ankle is locked, foot pointing slightly downward at the toe. Leg swings across the ball and if done correctly, ball will spin when kicked.

**Receiving a pass**- Move towards the ball (don't wait for the ball to come to you). Using either the inside or outside of your foot, the first part of the foot to make contact with the ball should be withdrawn slightly to take the momentum out of the ball. Ball should not be stopped completely, but be under control.

1. Each player has a partner. Partners line up across from each other, with one having a ball. The ball is passed back and forth between the two players.

2. Set up multiple grids with cones, assigning four players to a grid, with one ball. Two players are "targets" along the sides and may move back and forth. The other two players play inside the grid, attempting to win possession of the ball and pass it to their target teammates outside the grid. When a pass is completed to the target, a point is scored. Switch roles after a certain time limit or a certain number of points are made.

3. Divide players in to pairs, or partner them with a buddy, one ball two cones per pair. Set the cones several yards apart and have the players face each other across the cones. When each player completes a pass to each other the cones are moved closer together. The object is to execute a pass through a space that is becoming increasingly smaller. When the ball

can longer pass through the cones the players then try to knock them down.

**Shooting**- Head is down, ankle locked with foot pointing downward at the toe. Strike the ball with the laces of the shoe. Work on accuracy before trying to do a power shot.

1. Place one cone for each player spaced apart on the midline. Players stand by a cone facing the goal. When the coach dribbles up and gives a signal, players race the coach, while dribbling towards the goal. As they approach the goal players may shoot or pass into the goal.
2. Place 5-6 balls in a semi-arch in front of a goal. Player shoots the ball, one at a time until all balls have been kicked, into the goal.
3. Using a goal (pug goal will work) divide the goal into three parts using pinnies to divide the goal. Player dribbles the ball towards the goal, and shoots. Score is kept by awarding 1 point for a ball made in the center of the goal and 2 points for a ball made in the corners. Designate a spot that the shot must be taken.
4. Divide players into small groups, facing each other across the field along opposite touch lines or rectangular grid. Place beach balls in the center of each group. Players attempt to shoot the beach ball over the opposite line using their soccer balls as shooters.

**Throw-in**- Ball must go directly over the head. Both hands must remain on the ball and both feet must be on the ground (not necessarily flat; it is permissible to drag the toe of the trailing foot). Ball is brought back over the head and released into the playing field. Player returns to the field of play as soon as the ball is released.

1. Players are partnered up with one ball. Players stand approx. 5-7 feet apart. One player throws the ball to the other player who will trap the ball. Player will then throw the ball using back to his partner.
2. Position players, each with a ball, around the center circle. Place a large box or other large target in the center of the circle. Have players practice their throw in techniques while trying to hit the target.
3. Set up hula-hoops at in the center of a rectangular area. In the center of the hula-hoop place a disc cone with a ball sitting on the disc. Players throw the balls and try to knock the balls off the disc. (this can also be used as a passing drill or shooting drill) The player is given points for each ball that is hit.

## 4.8 Additional Activities/Games

1. **Red light/Green light-** All players have a ball and dribble in a limited space (or towards the coach). When coach says "red light", players must stop ball and put foot on top of ball. When coach says "yellow light", player must dribble very slowly. When coach says "green light", player dribbles fast. Coach controls this game with frequency of light changes and variety of changes. Once players catch on to this game, add other colors and affix different actions to them. (i.e. purple light = hop back and forth over ball, orange light = run around the ball, black light = dance, blue light = hide behind the ball, etc.)
2. **Body Part Dribble –** In designated area, coach has all players dribble a soccer ball. When coach yells out the name of a body part, players must touch

that body part to the ball as quickly as possible. Coach should vary body parts and rate at which he calls out body parts. At times, call out body parts consecutively (i.e. tummy, nose, and elbow) during one stoppage or call out two body parts at once (i.e. both hands and both feet).

3. **Show Me –** As players are playing Body Part Dribble coach will take opportunity to have each player show the group a skill. The entire group will then take a few seconds to try to copy this skill.
4. **Planets –** Set up cones into multiple squares or triangles that serve as planets (or cities). All players must follow coach's order and dribble into the planet he calls out. Coach can have all players follow same directions or break up teams so they start at different planets and then have them dribble through the solar system in clockwise or counterclockwise fashion. Coach can have groups dribble in opposite direction through the solar system.
5. **Gates –** Set up many pairs of cones (with roughly 2 yards in between pairs) all around the playing area. These pairs serve as gates or many mini-goals. Players each have a ball and must dribble through the gate in order to score. Have players count how many goals they score and when playing a second time, ask them if they can beat their score by one goal. Coaches can vary this by asking players to dribble with left foot or right foot. If players end up dribbling back and forth through only one goal, set up a rule to protect against this.
6. **Team Gates –** Break the group into two teams and have them again dribble through gates but only gates of the same color as their team. Make this a team competition b keeping score for each team. *Version 2:* If players appear comfortable, challenge them by asking them to do this in pairs. *Version 3:* Limit balls to three and have teams compete to get the ball and score on goals of their own color.
7. **4 vs. 4 To Six Small Goals –** In a 30 X 35 yard grid, each team can score on any of the three goals at others teams end. *Version 2:* Remove 4 of the goals and play a typical game.

## 4.9 Increasing Your Comfort Zone

When interacting with the person who has a disability here are a few suggestions:

**Enable people to do what they can.**

1. Appreciate what the person **<u>can</u>** do. Remember that the difficulties a person faces may stem more from society's attitudes and barriers than from the disability itself or the attitude of the person.
2. Offer assistance, if asked, or if the need seems obvious, but do not overdo or insist on it. **Respect the person's right to indicate the kind of help wanted.**

**Communicating**

1. Talk about the disability, if it comes up naturally without prying. Let the person with the disability guide you, or ask about it in a sensitive and respectful way. When you meet your TOPSoccer player for the first time it's important to talk about his or her disability and what they are able to do from the beginning, since it is important to the success of the player.

2. Speak directly to the person with the disability. Don't consider a companion or interpreter as a conversational go-between.
3. Explore your mutual interest in the same way you would with any new friend. The person has a lot more to talk about than his or her disability.

**Interconnecting with people who are blind**

1. It is okay to use the verbiage "see" when talking to someone who is blind or visually impaired. "Did you see that movie?" Or "It is nice to see you." are just fine. Don't cringe at the references to seeing. These are common expressions in our society that are okay to use with people with visual impairments.
2. People who are visually impaired are going to use their other senses to take in the environment around them. They use the hands or other senses to "see". In a new situation, ask the person if he or she would like you to describe what the environment looks like. Example: describe how big the trees are, who also is in the room, or give him an object to "see" with their hands.
3. Let a visually impaired or blind person show you how he or she wants to be guided when walking. Generally, he or she will hold onto your elbow or shoulder.
4. Help correct a visually impaired blind person from a distance by using your voice. Such as, "Come over this way toward my voice." Keep talking so he or she can follow your voice.

**What players in wheelchairs want you to know?**

1. Just because a person is in a wheelchair does not mean there is anything wrong with his or her brain or hearing. It means a person's legs are not working correctly. In other words don't yell at or talk down to person in wheelchair.
2. People are not confined to a wheelchair or adaptive equipment- they're liberated by them. This equipment enables him to move independently, it does not confine them to one place.
3. Don't move a wheelchair without first asking the person if it is okay.
4. Don't lean on a person's wheelchair will talking to him or her. The wheelchair is the person's "personal space."
5. When pushing a wheelchair up or down stairs, ramps or curbs, ask how he or she wants your help with these obstacles.

**People who have difficulty talking**

1. Be patient. It might take extra time for the person to say something. Let him or her set the pace. Don't finish their sentences for them; allow them to get out their whole thought.
2. Don't talk for the person, but give help with needed. Keep your manner encouraging rather than correcting. When necessary, ask questions that require short answers or a yes or no response.
3. If the person is nonverbal, ask the person how he or she indicates "yes" and "no". They may use a head movement or eye gaze. Once identified, you can ask the person questions that require short or yes or no answers.
4. Speak calmly, slowly and distinctly to the person who has a hearing problem or other difficulty understanding or speaking. Stand in front of the person and use hand gestures to aid in communication. Write notes, if needed.

**Inappropriate social behaviors**

1. If the person has a behavior that makes you uncomfortable or are socially inappropriate, such as touching or talking to strangers, swearing in public, touching you or someone else in ways that invade your personal space or has a sexual overtone, it is OK to say no and set limits! You can have a powerful impact on this person when you demand they comply with appropriate social skills that are expected in the community.
2. **Remember that we all have disabilities, in some of us they show**.

## 4.10 Simplified Rules of Play

The rules presented below are simplified and are offered as guide. TOPSoccer rules should follow Small-sided Game Rules when applicable and will also be flexible, adaptive, positive, and designed to ensure success and safety for all players.

**Field of Play**
Participants play on a rectangular field with goals at each end. The field is longer than it is wide and will vary in size depending on the age, abilities and number of players.

**The Ball**
The size of the ball will be determined based on the ability and needs of both teams involved.

**Number of Players**
Numbers of players on each team will be determined after registration and will be based on the number of registrants, their ages and abilities. The number of players can vary from 4 to 15 on the field of play.

**Player Equipment**
Player's equipment should consist of shirt, shorts, shin guards under socks and shoes. All players on a team should be dressed alike except for the goalkeeper. All players must wear shin guards. In the case of a player with Autism, it may be necessary to allow for socks under and over the shin guards as players with Autism are likely to be sensitive to the feel of the shin guards on their skin.

**The Referee**
When used, the Referee will be in charge of all game activity. The referee will keep the game clock, enforce the laws of the game and evaluate sportsmanship.

**Game Duration**
The game length will vary depending on the age and abilities of the players involved. For league play, the local TOPSoccer committee will determine the game length.

**Ball In And Out Of Play**
The ball is out of play when it completely crosses the boundaries of the field or when the game is stopped by the referee.

**Method of Scoring**
A goal is scored when the whole ball crosses the goal line under the crossbar and between the goal posts, providing that it was not last touch by defending player. If a defender kicks the ball into his or her own goal, the goal counts as one point for the opposing team, as in non-disabled soccer. If the goalkeeper is touching the soccer ball, no opponent shall try to take the ball away.

**Fouls and Misconduct**
The penal fouls, and non-penal fouls and misconduct will apply. However, the judging of intent is very difficult in TOPSoccer play. Most often an apparent penal foul is really an unintentional, but dangerous act. Preemptive refereeing and cooperation with buddies and coaches will virtually eliminate the need for the caution or sendoff, particularly since the showing and trauma of a yellow or red card is completely inappropriate for TOPSoccer players.

**Free Kicks**
The distinction between a direct free kick and an indirect free kick is lost with many TOPSoccer players. **All free kicks will be indirect**.

**Penalty Kick**
**There will be no penalty kicks in TOPSoccer.**

**Throw-In**
Players are allowed more than one chance to accomplish a throw-in. The ball may be kicked in depending on the abilities of the players involved.

**Goal Kick**
When the ball has completely crossed the goal line, but not in the goal, after last been touched by a attacker, it is put back into play by a defensive kick anywhere inside the goal area. The ball must clear the penalty area before it is back in play.

**Corner Kick**
A corner kick is awarded to the attacking team when the defending team puts the ball out of bounds over its own goal line. The ball is kicked in from the corner nearest to where it went out of bounds.

## 4.11 Modifications and Adaptations

The focus of this coaching guide is to assist coaches and participants so that they may realize a positive TOPSoccer experience. Achieving this goal is possible by creating a positive playing environment and not forcing players into situations that are doomed to fail. Coaches and administrators must be willing to adjust rules and activities to match the needs and abilities of the participants.

**Modifying the Rules/ Activity**
There are several ways this can be accomplished. The rules of soccer, if applied as written, can be very complex. In a TOPSoccer program this would lead to frequent stops in play, taking away from the experience and enjoyment of the game. Therefore, TOPSoccer organizers should not hesitate in modifying the rules of soccer to meet the specific needs of participants during training and games.

**Accommodate Special Needs**
Evaluate what your player's special needs are and do everything possible to create the opportunity for each player to make a contribution to the game. This can happen by using special equipment, rule changes or pairing a player with a buddy.

**Avoid Elimination Games**
Most soccer related games can be structured to include rather than exclude participants. Rather than eliminating a player, have them freeze in place or do a simple exercise, and then have them continue in the game. Developing inclusion games only enhances the experience of the TOPSoccer participant.

**Encourage Creativity**
Coaches can structure activities or sessions so that the participants are asked to respond to challenging questions such as, "Can you dribble with your right foot or left foot?" "Can you stop a ball with your chest?"? "Show me the two ways of passing a soccer ball". Approaching players this way permits them to respond in ways that foster success. The response will vary depending on the level of ability.

**Adjusting the Play Area**
By reducing or an enlarging an area in which the drill or game will be played can be an equalizer of participants' level of play. By enlarging and area for a drill, for instance, participants will have less pressure by other players. Reducing a field size, for example, will allow kids with less motor skills to be more active in a game.
Increase success = Players have more fun.

**Methods of Communication**
Participants sometimes require communication systems that are specific to their needs. For example, verbally explaining a task may not work with the manner in which participants process information. Information, which is more specific, might provide a better understanding by the participant. A coach or buddy demonstrating the task that the player is being asked to perform may also provide a better understanding. Some players may require a coach physically helping the player to perform the activity. An example would be holding a person's foot in the way the coach would like them to strike and follow through with the ball.

**Modifying Equipment**
In some cases coaches and administrators will have to assist players with special equipment. Creating the opportunity to play can be as simple as modifying the game itself, for there are no set guidelines for what kinds of adaptations for walkers or wheelchairs; other than the safety of all that are playing must be considered.

**Suggestions for Modification and Adaptations**
**Orthopedic Impairments-**

1. Reducing field size
2. Increase the number of the players
3. Use wider goals
4. Use buddies to help push wheelchair players
5. Use a larger or slower ball
6. Use 2 goalkeepers
7. Play indoor

**Visual Impairments**

1. Increase ball size
2. Use a brightly colored ball
3. Wrap goal with brightly colored tape or use colored balloons
4. Use flags to mark sidelines
5. Use a beeper ball
6. Have a sighted buddy assist players
7. Use a beeper or boom box behind the goal. Music or beeper behind each goal can be different.

**Hearing Impairments**

1. Use and teach Referee hand signals
2. Station helpers on four sides of the field

## 4.12 Sportsmanship

TOPSoccer provides opportunities for players to have fun and to learn good sportsmanship, self-reliance and teamwork. Participation and self-improvement are emphasized; winning is secondary. This philosophy was developed to help kids to learn to play and love the game of soccer as well as learn to work with others.

To encourage sportsmanship, coaches need to emphasize these important points while teaching kids to play soccer.

1. Play the game for the game's sake
2. Be generous when you win.
3. Be graceful when you lose
4. Be fair always no matter what the cost
5. Obey the rules of the game
6. Work for the good of your team
7. Accept the decisions of the official with grace
8. Believe in the honesty of your opponents
9. Conduct yourself with honor and grace
10. Honestly and a wholeheartedly applaud the efforts of your teammates and your opponents

TOPSoccer requires their coaches and spectators to behave in an adult and sportsmen like manner. Each coach is responsible for the behavior or his or her players, parents and spectators. Coaches must instruct the parents and spectators of improper game behavior prior to the start of the season and must reinforce correct parental behavior. If a parent or spectator is disruptive the coach is encouraged to speak to the person responsible and remind him or her of the importance of role models for good sportsmanship. If a coach, parent or spectator becomes a continuing problem, the necessary measures may be taken to have the person banned from game fields for the duration of the season.

Reminders for parents:

1. Do not coach the players, including your own child, from the sidelines during the games
2. Respect the judgment of the game official. Remember your actions will reflect on your child

3. Focus on learning and enjoying the game
4. Decrease the emphasis on winning
5. Be understanding and supportive when your child makes mistakes
6. Be supportive of the coaches role on the team
7. Understand your role as the parent in sports
8. Avoid the use of fear: players development is rarely fostered by fear of the consequences of failure
9. Show empathy for the young developing soccer player

Youth sports programs provide an enjoyable learning environment for the physical, social, and personal development of the participants. The likelihood that players will realize positive sports values are enhanced when adult leaders take the responsibility to serve as facilitators of desirable sports spectators. This can be achieved when parents and coaches work together to emphasize good sportsmanship, develop skills progressively and encourage lifelong interest in sports participation by fostering a positive environment in which kids can be creative and mistakes are an accepted part of the game.

## 4.13 Motivating Players

As a coach, your goal should be to first create a good learning environment where kids can learn good individual skills and also learned to be part of a team. You should also create a good social environment where participants can relate well with each other, the mentors, buddies, the coach and the program administrators.

The positive approach to coaching in which desired activities are recognized and reinforced is the most successful coaching method. By taking a positive approach with players, coaches are trying to strengthen and encourage correct behaviors. The motivational force at work for the players is a positive desire to achieve. The positive approach, through its emphasis on improving, fosters a desirable learning environment and tends to promote more positive relationships between the participants and the coach.

Some tips on motivating player:

**Coach - Player Relationship**
A good relationship between coach and player is the foundation of player motivation

1. Use each players names during training
2. Use plenty of encouraging words and phrases
3. Have one on one talks with players
4. Make feed back specific to performance- explain how to do the task correctly, not emphasizing what they did wrong

**Building Self Confidence**
Players develop the ability to believe in themselves by being allowed to make mistakes and learn from them.

1. Encourage everyone to be involved
2. Develop skills through game related activities
3. Use numerous demonstrations and repetitions of correct performance
4. Deemphasize winning and focus on participation and learning

**Coach Expectations**
Coaches need to understand that their expectations must be reasonable and should be the same for each player with respect to his or her ability.

1. Do not ignore the faults of better players or pick on minor faults of weaker players
2. Each player should always know what is acceptable behavior
3. Always give players the benefit of the doubt, until proven otherwise
4.

## 4.14 Dealing with Problem Players

No matter how you look at a group of players, no one is the same whether they are disabled or not. As a coach, you must be able to relate to each player as an individual to achieve desirable behaviors. Players come in all shapes, sizes and personality types. The added factor with the TOPSoccer program is a disability or two. Regardless of the player or his or her disability, rules and sidelines must be set and every participant must abide by them.

Problem players fall into a number of groups. We will attempt to describe them, and provide possible solutions for with each type of player. The first and most important thing is to be flexible and patient.

The "hard-to-coach" player is one of the most frustrating types of player to reach. This player will often not listen, or will say they understand, but then do things their own way. Players that are "hard-to-coach" typically have problems with authority; attempting to put more control on them just lends itself to more problems in other ways. The best way to deal with this type of player is to set specific guidelines of behavior for the team and hold him or her to it while providing lots of positive reinforcement.

Players who have a low self-esteem often have had their weaknesses made fun of. This type of player typically sets unreachable expectations for himself/herself. Low self-esteem will show itself by players acting out in inappropriate ways for attention. To help his player, you as the coach, should help set reasonable individual goals. Find a talent at which the player excels and build from there.

The withdrawn player will sometimes avoid getting close to others. Many times they have never been situations where they participated in sports or have been part of a group. The important thing to remember is to build trust by telling her or him when they have done something well. Do not put a lot of pressure to immediately become part of the group.

The self-centered player can be another very challenging player with whom to deal. He or she is self-focused. As a coach the best way to deal with this player is to enforce the team rules and make the player accountable for his or her actions to you and the team. Ensure that the player knows he or she is a valued and equal part of the team.

When coaching, you will discover that each player has his or her own way of dealing with pressure and new activities. The important thing to remember is to show no favoritism toward players. Your expectations for each player should be geared toward that individual player's best effort. Success and abilities are not measured against the level of play of his or her teammates. Finally, the coach or program administrators should deal directly with problem players and their parents. Do not have the mentors or buddies correcting behavior of participants. Deal one-on-one so no embarrassment occurs.

## 4.15 How Players Learn

| | |
|---|---|
| Observing: | By watching the coach, or other players perform the skill they Are trying to learn |
| Feeling: | By touching the part of the body which will be involved while attempting to learn a skill |
| Hearing: | By listening to instructions that are repeated as necessary, particularly while performing the skill |
| Visualizing: | By seeing him or herself performing the skill |
| Imitating: | By attempting to perform the skill observed |
| Practicing: | By repeating the skill and correcting errors until the skill becomes learned |

## 5.0 SUGGESTED AGE SPECIFIC (U06, U08) WARN UPS, FUN GAMES AND SMALL-SIDED GAMES

## (SAMPLES TO BE RETRIEVE FROM CURRENTATTACHMENT FROM PAGES 20-35)

## 6.0 GLOSSARY DISABILITY/MEDICAL TERMS

**Atrophy**
A condition in which the muscles diminish in size and strength due to lack of use

**Arthritis**
Inflammation of the joint

**Attention Deficit Disorder (ADD**)
That if pattern of behavior that combines inattention and impulsivity, and may be present with hyperactivity **(ADHD**)

**Braces**
Splints used to support, align, or hold parts of the body in the correct position, such as leg braces used by a person with spina bifida

**Cervical**
The region around the neck on the spinal column

**Cerebral Palsy (CP)**
A condition resulting from damage to the brain before birth, during delivery, or immediately after birth: usually as a result of the deprivation of oxygen to the brain. Cerebral refers to the brain and palsy refers to the movement, posture or balance.

**Cognitive**
Having to do with the brain and mental processing

**Condition**
A condition is the state the person is in, generally does not get worse, and with proper treatment can make less of an impact on the person's life, but cannot be cured.

**Congenital**
Being born with a condition or disease. Onset later in life refers to someone experiencing the onset of a traumatic injury or disease anytime after birth. Congenital includes Cerebral Palsy or Downs Syndrome. Onset later in life includes Multiple Sclerosis or spinal cord injury.

**Developmental Disabilities (DD)**
This is a term that includes disabilities, which are mental or physical in nature, or a combination of both. The condition must originate before the person reaches the age of 18; will continue indefinitely' and result in a substantial disability. This includes mental retardation, Cerebral Palsy, Epilepsy, Autism, Down syndrome and others.

**Disease**
A disease such as cancer, multiple sclerosis and muscular dystrophy, are diagnosed, progresses over time and can increase disabling condition unless the disease is arrested.

**Diplegia**
An involvement of a condition such as CP or spina bifida in the legs only.

**Down syndrome (DS)**
A chromosomal disorder caused by an extra chromosome on the 21$^{st}$ pair giving the person of total 47, instead of 46 chromosomes. Typical symptoms include mild mental retardation, hearing difficulty, vision problems, heart disease, heart murmurs, and speech difficulty. People with Down syndrome share similar physical features such as small stature, short fingers, thick tongue, squinty eyes, and a round face.

**Epilepsy**
Sometimes called seizure disorder, is a medical condition in which people are susceptible to recurring seizures of various types

**Flaccid**
Lack of muscle tone, loose muscle tone

**Gait**
Description of how a person walks

**Hemiplegia**
Impairment of both limbs on the same side of the body due to damage to the brain. May also involve impairment of the senses and mental functioning. Typically caused by head injury, stroke or sometimes CP.

**Incontinence**
Lack of bladder or bowel control

**Learning Disability (LD)**
Difficulty in learning as characterized by: the inability to learn from standard methods of instruction, the cause of this difficulty in learning is not an abnormal intelligence level, or psychological problem or an obvious physical disability

**Lumbar**
The location of the mid to lower back on the spinal column

**Medication**

A therapeutic substance taken to relieve discomfort, or reduce symptoms caused by a condition or disease.

**Mental Retardation (MR)**
People with MR develop intellectually at a below average rate and experience difficulty in learning and social adjustment

**Occupational Therapy**
The profession that focuses on the strength and coordination of fine or small muscle groups and the activities of daily living, such as dressing and eating and the motor skills needed in the workplace

**Paraplegic**
Involvement or paralysis in the legs only. Can be completely or incompletely paralyzed in the legs

**Physical Therapist**
The profession that focuses on the strength, coordination, and the range of motion of gross or large muscles such as walking and standing

**Quadriplegic**
Involvement or paralysis of all limbs-arms and legs. May be completely or incompletely paralyzed

**Recreation Therapist**
Profession that teaches people how to include leisure and recreation into their lives in spite of a disabling condition

**Range of Motion**
An arc of movement of the joint, such as the range of motion of the restored elbow or replaced knee joint

**Seizure**
A brief episode of disorderly electrical activity in the brain that affects its normal functions and produces changes in a person's movement, behavior, or consciousness. The kind of seizure a person depends on how much of the brain is affected

**Sensation**
Physical feeling such as touch, pain, temperature, and awareness of where a body part is in space

**Spastic**
Stiffness in the muscles, difficulty getting the muscles to relax, so they will cooperate

**Spina Bifida**
A birth defect in the spinal column resulting from the failure of the spine to close during the first month of pregnancy. Cause is unknown.

**Stroke (AKA Cerebro-vascular Accident or CVA)**

A sudden, usually severe impairment of body functions caused by a disruption in the supply of blood to the brain, which may result in paralysis on one side, speech difficulties, and/or mental impairments

**Thoracic**
The location of the chest to mid back level of the spinal column

**Traumatic Brain Injury (TBI)**
Damage to the brain as a result of a trauma to the head. Causes include: motor vehicle accident, bullet wounds, violent shaking, or any other blow or strike to the head.