



General Information

Welcome to the world of TOPSoccer. This program 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.

Congenital means 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.

A **disease such as cancer, multiple sclerosis and muscular dystrophy**, progresses over time and can increase disabling condition unless the disease is arrested. A **condition** is the state the person is in, generally does not get worse, and with proper treatment can make less of an impact in the person's life, but cannot be cured.

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

Defining the TOPSoccer Player

A TOPSoccer player is any athlete, 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 athletes will be diverse.

The TOPSoccer athlete should not be defined by their disabilities. Remember, they are first and foremost athletes' with different personalities and abilities. The key to the success of these athletes 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 athletes require physical activity for optimum health and the opportunity to participate in organized sports. Participation in the TOPSoccer program can help the athlete 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 athletes will be on hand to assist you in dealing with their children.

Safety Considerations

When working with players with disabilities additional safety considerations are required. Here is a list 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.

Language

Language is very powerful. Our use of words can convey a positive environment. Some words can enable the athlete while others can perpetuate stereotypes and create false ideas about our athletes. Words such as cripple, dumb, dummy, retarded, mongoloid and victim create a negative image of the

athlete. In contrast, words such as physically disabled, hearing impaired, mental disability, Down syndrome, and speech impaired allow the athlete to be enabled rather than disabled. Remember to put the athlete first. They are an athlete with a disability, **not** a disabled athlete. 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.** Athletes 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 athlete by name, not their disability or as a person with a disability. They are **athletes** 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 athlete first, you will not make a mistake.

Communication

Communication is very important to be successful. There are two forms of communications; verbal and non verbal.

Verbal is using words and is the most common. However, this can be misunderstood. Most coaches can give verbal instructions and information. Too much information can lead to boredom and 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 athlete. Using open 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 athletes.

Non verbal communication such as gestures, facial expressions and even posture can be more powerful than the verbal communication. Most communication, up to 90% is non verbal.

Non verbal communication can include mirroring, body language and hand gestures.

Visual Impaired Players:

1. Determine what can be seen at the outset-do not assume
2. Ensure verbal instructions are concise and accurate
3. 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)

4. Address player by name
5. Do not walk away without telling player
6. Touch player only with permission
7. Use key words-avoid long complicated sentences
8. Be logical and sequential when presenting information
9. Enlist parents/guardians to assist with guiding until coach is able to assist

Hearing Impaired Players

1. Ensure your face is well lit. This will assist player with lip reading or reading sign.
2. Face player 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.
11. Establish mutually identifiable signs or gestures.

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, brief, concise without being patronizing.
4. Use age appropriate language.
5. If in doubt, ask parent/guardian for assistance.

This information is “general” physical differences. This may apply to some or all of the TOPSoccer athletes.

General Physical Differences

1. The athlete may lag behind their age group in fundamental movement skills such as running, and kicking
2. The athlete 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

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

General Social/Emotional Differences

1. May exhibit extreme mood shifts during practice or games
2. May lag behind in social/emotional development
3. May require structure and consistent setting each time
4. May have difficulties in interactive social skills such as taking turns or passing
5. May have difficulties in making friends

6. May have difficulties in recognizing facial expressions, body language or tone of voice of others

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

Overview of Disabilities

Autism Spectrum Disorders

Over the years, the number of TOPSoccer players with autism has grown. This is the least understood syndrome affecting our players. The spectrum of autism continues to grow each year as do the number of children diagnosed each year. This is also the area where 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** Rainman, 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, “blinking out” active environments, often seems uncomfortable in extreme temperatures.

Autism causes kids 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 athletes 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.

Listed are a few of the Autistic Spectrum Disorder

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 patterns/clumsiness in both their articulation and gross motor behavior/have circumscribed area of interest leaving no space for age appropriate common interest
2. Hyperlexia
 - a. Features advanced reading abilities at early age/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
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4. William Syndrome
 - a. Hypocalcaemia(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 children 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

Cerebral Palsy

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

Learning Disability/ADHD

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

Glossary of 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 in attention and impulsively, and may be present with hyperactivity (**ADHD**)

Braces

Splints used to support, a line, or hold parts of the body of 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

Developmental Disabilities (DD)

The term that includes disabilities that 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.

Diplegia

Involvement of the condition such as CP or spina bifida in the legs only

Down syndrome (DS)

A chromosomal disorder caused by an extra chromosome on the 21st pair giving the person of total 47, instead of 46 chromosomes. Typical symptoms include mild mental retardation, hearing difficulty, vision problems, heart murmurs and disease, 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

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 which 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.

General Characteristics

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

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. Look for signs of fatigue.
14. Lots of water breaks.
15. Anticipate behavioral reactions.
16. Realize that your athletes will have a 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 athlete is unacceptable player in the TOPSoccer athlete.
20. Remember, safety first, fun second and learning last.
21. Look for ways to modify drills to allow full participation by all athletes.

22. Communicate with the parent regarding any questions you have about their child. They are the most qualified to assist you in working with their child.

Why do Athletes with Special Needs Play Soccer?

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Why do Typical Athletes Play Soccer?

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What Life Skills can a TOPSoccer Athlete gain from soccer?

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What Life Skills can a Typical Athlete gain from soccer?

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Qualities of a good coach

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

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List the qualities that make a good TOPSoccer coach.

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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 athlete?
3. Can all the athlete'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.

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 drills or practice. This approach aims to empower coaches to encourage full participation and involvement by the TOPSoccer athlete.

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.
4. Disability Soccer- Athletes with disabilities participate in specific groups, such as the Paralympics.

Stretching:

A circular formation is ideal shape to introduce stretching activities.

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 ground.

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. Grasp ankles and tuck feet as close to the body as possible while at the same time applying gentle pressure on the knees with the elbows to push the knees downward.

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.
Or sit with legs parted and outstretched, one leg bent at the knee. Grasp ankle or shoe or straight leg and hold for several seconds. Repeat with the other leg

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.

Warm Up Games

Familiar childhood games such as Freeze Tag, Simon Says, Mr. Wolf, 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 in 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? - Players all have balls. 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.

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. 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 no 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.

Additional Drill/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, elbow) during one stoppage or call out two body parts at once (i.e. both hands or both feet).
3. **Show Me** – As players are playing Body Part Dribble coach will take opportunity to have each child 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 by 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.