

MADISON SOCCER LEAGUE TOP SOCCER PLAYER FACT SHEET

Please use the back of this form to list any additional information that you feel we need to know

CHILDS NAME: _____ **AGE:** _____

NAME CHILD WOULD LIKE TO USE: _____

WHAT ACTIVITIES DOES YOUR CHILD ENJOY?

WHAT ACTIVITIES DOES YOUR CHILD AVOID?

WHAT SCARES YOUR CHILD?

DOES YOUR CHILD NEED VERBAL PROMPTS?

WHAT VERBAL PROMPTS DOES YOUR CHILD USE OR ADULTS USE WITH YOU CHILD? (I.E. EYE TO EYE, "LOOK AT ME"?)

DOES YOUR CHILD TRANSITION FROM ONE ACTIVITY TO ANOTHER WELL? IF NOT WHAT ARE THE BEHAVIORS HE/SHE MAY EXHIBIT?

DOES YOUR CHILD HAVE SELF-INJURIOUS BEHAVIOR? IF SO EXPLAIN WHEN THIS OCCURS?

DOES YOUR CHILD HAVE SELF-STIMULATING BEHAVIOR (STIMMING)? IF SO, EXPLAIN WHEN THIS OCCURS.

IS THERE ONE SUBJECT OR TOPIC YOUR CHILD PERSEVERATES ON OR IS OBSESSED WITH? IF SO, WHAT IS IT?

HOW DOES YOUR CHILD REACT TO A CHANGE IN ROUTINE? WHAT HELPS HIM/HER WITH MAKING A CHANGE?

DOES YOUR CHILD HAVE SENSITIVITIES LIKE BEING HUGGED/ HIGH FIVED?

DOES YOUR CHILD HAVE ANY FINE OR GROSS MOTOR CONTROL DIFFICULTIES?

