



# Special Needs Assessment

**We do require at least one family member or representative to remain on the fields for the entire soccer session.**

**Thank you.**

*In order for us to determine our ability to best serve your child in the TOPSoccer Program, please fill out in detail. (All information is confidential & viewed only by those involved in the assessment process & the coaches working with your child)*

Players Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Please describe your child's special needs (disability, special circumstances) \_\_\_\_\_  
\_\_\_\_\_

Mobility issues:

Walks\_\_ Uses Walker\_\_ Uses crutches\_\_ Uses braces\_\_ Uses wheelchair\_\_ Needs assistance\_\_ Other\_\_\_\_\_

Communication:

Verbal\_\_ Nonverbal\_\_ Uses communication board\_\_ Other\_\_\_\_\_

Visual, hearing, or balance deficits:

None\_\_ Yes, please explain\_\_\_\_\_

Fears and/or dislikes: (loud noises, bugs, physical contact) \_\_\_\_\_

Please list any challenging behaviors that your child may display and strategies used when these behaviors occur: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other ideas or information that you think we should know in order to make your child's soccer experience more pleasant and enjoyable:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a history of seizures?

None\_\_ Yes\_\_ Approx.last seizure\_\_\_\_\_ Convulsive\_\_ Non-convulsive\_\_

**Permission to be photographed**-TUSC/TOPSoccer requests permission from parents or guardians for players younger than 18 years. These photos could be either team photos given out to players, buddies, coaches, & volunteers or action shots during games. Photos might also be used for publicity in local papers to advertise future sessions or sent to thank sponsors for their support of the program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Yes- I give permission \_\_\_No-I do not give permission

Parent/Step Parent/Guardian signature