US YOUTH SOCCER
REGION II

US YOUTH SOCCER TOPSoccer

TOPSoccer

COACHING MANUAL

MICHIGAN
STATE YOUTH SOCCER ASSOCIATION
EST. 1976

US YOUTH SOCCER REGION II

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US YOUTH SOCCER TOPSoccer®

What is TOPSoccer?

A **TOPSoccer player** is any player, who for physical, cognitive 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 parents of the TOPSoccer players will be on hand to assist you in dealing with their players.

Overview of Disabilities

(From US Youth Soccer TOPSoccer Coaching Manual)

AMPUTATION- Loss of any limb after birth

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

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 cognitively 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

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

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

DOWN SYNDROME

- Individuals with Down syndrome are usually smaller than their non-disabled peers and their physical, as well as intellectual development is slower.
- Besides having a distinct physical appearance, children with Down syndrome frequently have specific health problems.
- A lowered resistance to infection makes these children more prone to respiratory problems.
- Visual problems such as crossed eyes and far-sightedness or near-sightedness occur, as well as mild to moderate hearing loss and speech difficulty.

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

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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

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

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

SUGGESTIONS

- 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

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

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, not what they can't.
- 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

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

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SUGGESTIONS

- Remember that cognitive 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

This information is general information and may not cover all the situations that you may encounter.

Below are 5 common characteristics of a TOPSoccer player:

- May have short attention span
- May have little or no concern for team activities
- Physical and psychological development may be delayed
- Eye and hand/or foot coordination may be delayed
- May tire easily

Safety and Risk Management Considerations

(Source: US Youth TOPSoccer Coaching Manual)

When working with players with disabilities additional safety considerations are required.

Here is a list of a few safety considerations:

- Identify players with epilepsy, asthma, seizure disorders and have knowledge of how these are managed.
- Recognize that TOPSoccer players may tire easily and need shorter practice sessions with longer breaks in between activities.
- Players dehydrate at a faster rate and will need to replace fluid more frequently.
- Special precautions for specific skills in soccer; i.e. tackles, heading the ball.
- Recognize players with poor balance and co-ordination. They may be more prone to falling and injuries.
- Have emergency evacuation plan available and all coaches aware of the procedure.
- Have a complete first aid kit available at all times.
- Have signed medical release forms and emergency contact information up to date and on hand at all times.
- Require that a parent and/or guardian be present at all practices and/or games.
- 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.

- The goal is for the player to participate to the best of their ability, independently.

Risk Management

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

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

These issues make the safeguarding of disabled players a priority.

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

Communication

(Source: US Youth TOPSoccer Coaching Manual)

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, and 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.

Situations

This section was contributed Charlene Guthrie, Licensed Director of Special Education.

Welcome to the Top Soccer Collaborative! Please allow us to thank you in advance for your contribution of time, effort, and talent to coach and partner with athletes with special needs.

Athletes with special needs are unique just like all athletes. An athlete may qualify for a label of autism, for example; however, each young person, like all young people, will always have his/her own personality/behavior traits.

Effective volunteers exhibit patience, compassion, and the ability, creativity, and willingness to motivate these special athletes. It is important that volunteers gain an understanding of each athlete's special needs. Parents and family members of the athletes with whom you will be working will usually be your best resource. A parent might even suggest you talk to a teacher or therapist for more information on his/her athlete.

Please focus on what the athlete can do, help the athlete achieve success, while constantly encouraging the athlete to do his/her personal best. Always strive to continuously improve communication/rapport between you and your athlete. Connecting with the athletes is a key component to providing a rich, meaningful and rewarding experience. Remember to have fun! If you are having fun, there is a very good chance that your athlete is having fun; and if the athlete is having fun, we all win!

The most effective volunteers match their "teaching/partnering" style and expectations to the individual athlete. This is important for all athletes, but critically important when the athlete has special needs. It takes discernment to know how and when your strategies and expectations should be modified. The difference you will make in the lives of these special athletes will become a valuable experience from which you and they will benefit for a lifetime.

Thank you again for investing in the Top Soccer athletes.
You are extremely valuable and very much appreciated.

Some of the following comments are from self-advocates (with special needs) and they offer these to those volunteers who will be impacting their lives.

Tips for Volunteers

- Respect me
- Encourage me, don't discourage me
- Listen to me
- Try to understand why I am upset
- Don't take it personally if I am upset
- Sometimes giving me choices helps me feel I have some control
- Please don't talk down to me
- Let me try to do things on my own
- Challenge me
- Don't assume
- Explain things in a way I can understand
- Accept less than perfect results but expect my best
- Understand everyone is different and learns differently
- Don't be bossy
- Explain the reason behind a rule or what you are asking of me, please don't demand
- Be flexible
- Be aware that circumstances can change my behavior
- Don't stereo type me
- Don't show favoritism
- Know my behavior may be telling you what I can't
- Understand all people have bad days
- Have fun with me and laugh with me, not at me

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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 player's 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

"People Don't Care What You Know Until They Know That You Care"!

Partners/Buddies

Who is a TOPSoccer Buddy?

- Facilitator – a volunteer who helps a TOPSoccer athlete engage and enjoy playing soccer.
- Participates with TOPSoccer players in training and matches
- Buddies can be a teenager or adult
- Buddies can be anyone who desires to enable TOPSoccer players to be successful and to have FUN!

The role of the TOPSoccer Buddy includes:

- Create opportunities for the player to be successful
- Assist in a FUN and safe learning environment
- Buddy doesn't need to be on the field all the time.

Let the players participate as independently as possible.

- Mirror Play
- Be aware of safety zones around the player
- Interact with coaches and/or parents concerning likes/dislikes of the player
- Continuously monitor the player for:
- Fatigue
- Frustration/melt-downs
- Water breaks

Role for Hearing Impaired players

- Safety awareness
- Demonstrate the activity
- Ensure the player understands instructions
- Use touch, sign language or pictures to guide
- Direct the ball to the player for contact and touches

Role for players with Walker or Wheelchair

- Push the wheelchair for participation if necessary
- Check on walker or wheelchair safety (equipment check)
- Field surface
- Environment
- Create opportunity for walker or wheelchair player to participate
- Keep ball close to “feed” the player
- Ball retrieval

Role for Visually Impaired players

- Describe the activity and environment
- May provide a balance and mobility role with the player by holding the Buddy’s forearm.
- Use voice, hands and arms to guide.
- Direct the ball to the player for participation.
- Safety awareness
- Field surface
- Environment

The TOPSoccer buddy will:

- Assist the player getting into position to play.
- Safety zone especially for:
- Crutches
- Walkers
- Wheelchairs
- Create opportunities for play:
- Ball retrieval and control
- Keep the ball close to the player
- Balance
- Model desired skill
- Provide instruction directly during play
- Help define the space and “strategies”
- “We are the blue team.”
- “We are going in this direction.”
- “This is how we stop the ball.”
- Provide 1:1 assistance to model behaviors
- Assist the player to focus on the activity.
- Use a quiet “time out” as needed without being negative.
- Mirror Play or create space around the player.
- Provide stability in a chaotic environment.
- Guide and direct, often not touching the player directly, but being in close proximity

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The TOPSoccer Buddy can:

- Guide their player to the ball (but not score goals).
- Position the ball for the player (but not score goals).
- Stop a ball from going out of bounds.
- Shield around their player.
- Safety for the Buddy
- Risk Management
- Education will help ensure Buddies are comfortable and successful.
- Comfort level will increase.
- Relax, smile and have fun.
- Coach should talk to Buddies before and after each session.

Sample Lesson Plans

(6 week plan)

Week 1-
Theme: Dribbling

Warm Up: **"Superhero"**

Players Dribble and make a "super-hero" pose when the coach says stop. Instruct the athletes to stop the ball with the bottom of their foot.

2nd Activity

"Partner Cones"

Partners/buddies and players are paired together with a ball. The athletes will then dribble around as many cones as possible. Progression can be made by using only one foot (L, R), dribble entirely around the cone, etc.

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3rd Activity

“TAG”

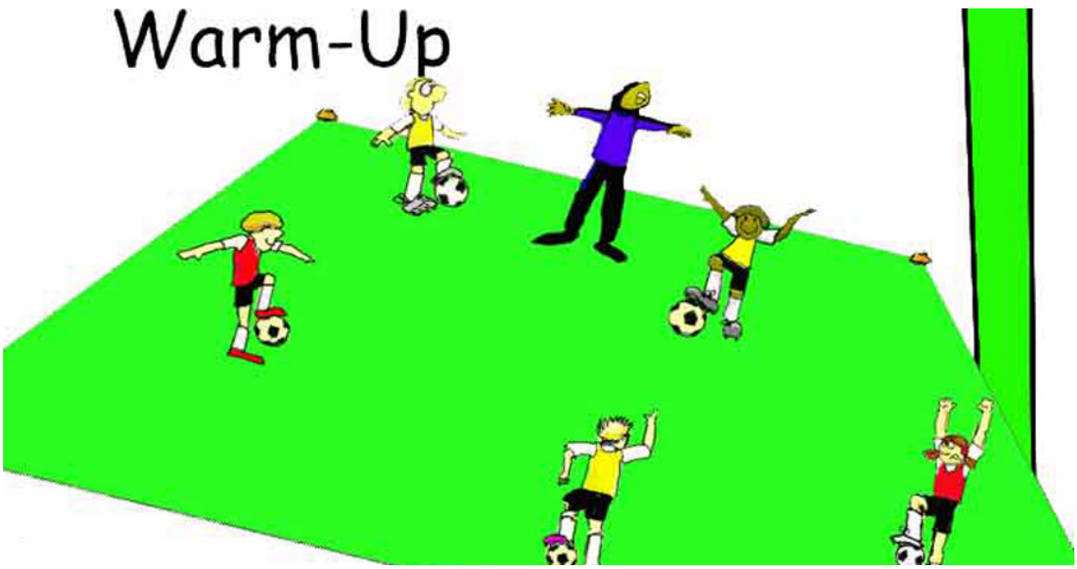
Partners/buddies and players have a ball. The space is set up with cones spread throughout a grid. The coach will instruct players to dribble at will. The coach say “BASE” and the players will go to a cone and try to not get “tagged” by the coach.

4th Activity

“Game Time”

Let them play! Partners/Buddies can assist if necessary or make sure that the ball does not leave the field. (4v4 to 11 v11)

Week 2-Theme: Dribbling With A Purpose



Warm Up:

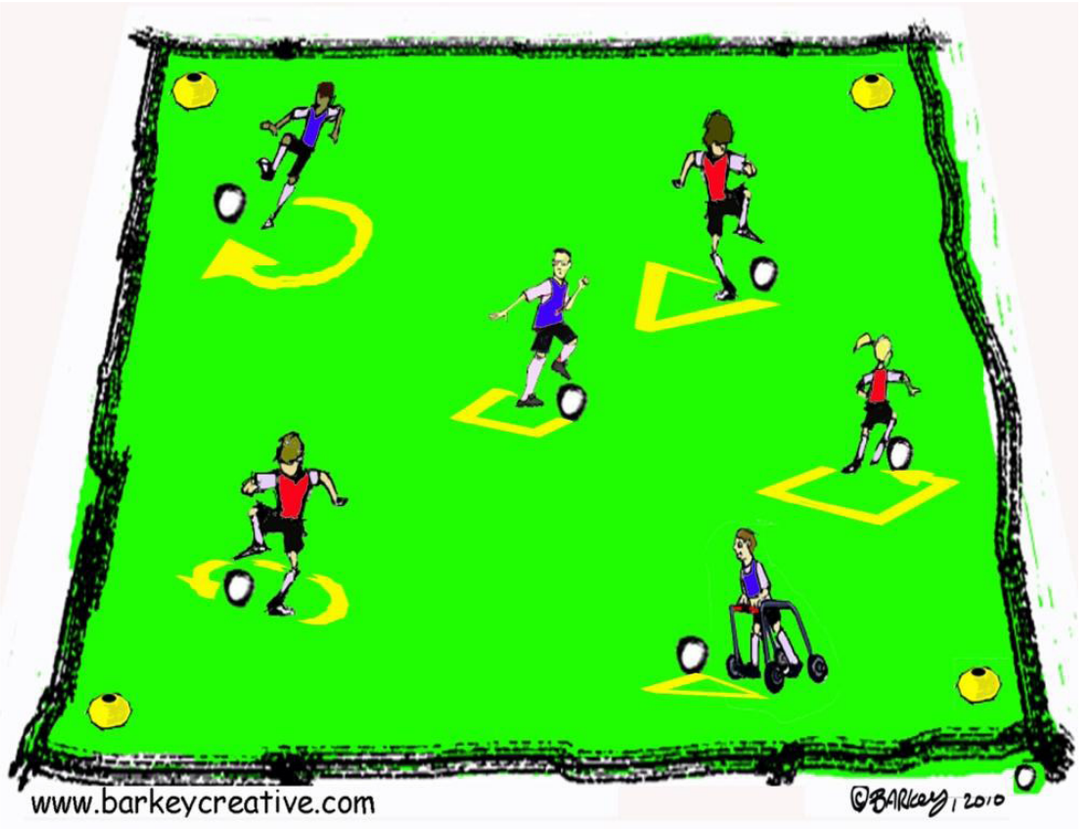
"Simon Says"

The coach will instruct players and partners/buddies to follow directions. For example, the coach can say "Simon says hop on one foot". You can progress through different skills such as dribbling with feet, one foot, etc.

2nd Activity

"SHAPES"

Players are located in a grid. They dribble the ball around inside the grid. Coach will yell a shape. The players will "dribble" that shape. Dribble a "circle" if a circle is called and repeat for multiple shapes.



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3rd Activity

3 v 3 End-line Soccer

Divide players and partners/buddies into two teams of 3. A point is scored whenever the ball is dribbled across a line. A second or third ball can also be used in addition to adding another player.

4th Activity

"Game Time"

Let them play! Partners/buddies can assist if necessary or make sure that the ball does not leave the field. (4v4 to 11 v11)

Week 3 Theme

Dribbling and Turning

Warm Up: School of Fish
Each player and partner/buddy has a ball. There are four adult volunteers on the outside. When one of the four volunteers raises their hand, the player and partner/buddy is to dribble their ball in that direction. At any given time, the volunteer will lower their arm and another volunteer raises theirs.

2nd Activity

Stinger Tag

Each player has a ball. The coach/volunteers have a pool noodle or something soft like a rolled up towel in their hand(s). The object the coach/volunteers have in their hands is called a "stinger". The players dribble their soccer balls and try to not get their ball tagged by a "stinger".

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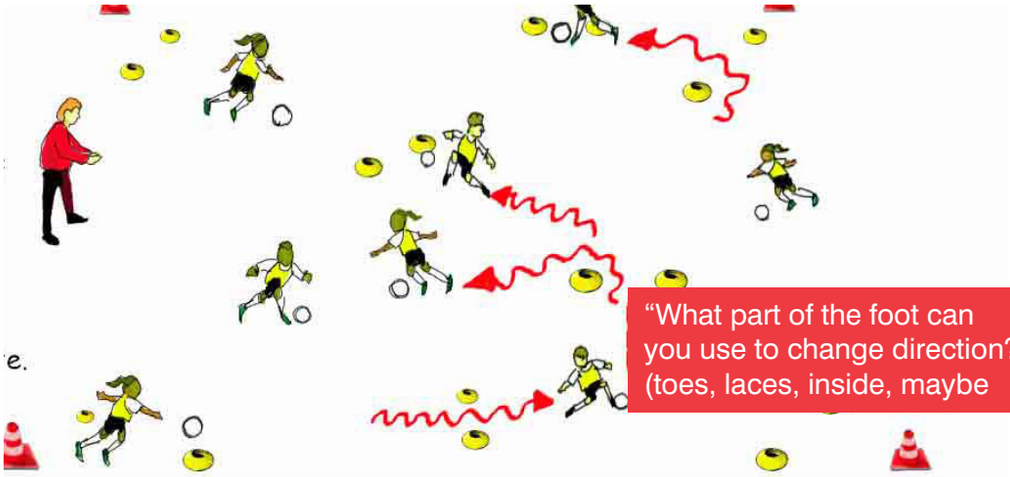
3rd Activity

Gate Activity

Make small gates inside the playing area approximately 5 yards apart. Make one more gate than the number of players.

Players and partners/buddies are instructed to dribble their ball through each gate and see how many they can get in a specified amount of time. Progress to having a volunteer or two walk around and "block" a gate. The players/partners cannot go through a gate that is "blocked".



"What part of the foot can you use to change direction?" (toes, laces, inside, maybe

4th Activity

"Game Time"

Let them play! Partners/buddies can assist if necessary or make sure that the ball does not leave the field. (4v4 to 11 v11)

Week 4 Theme:

Striking The Ball

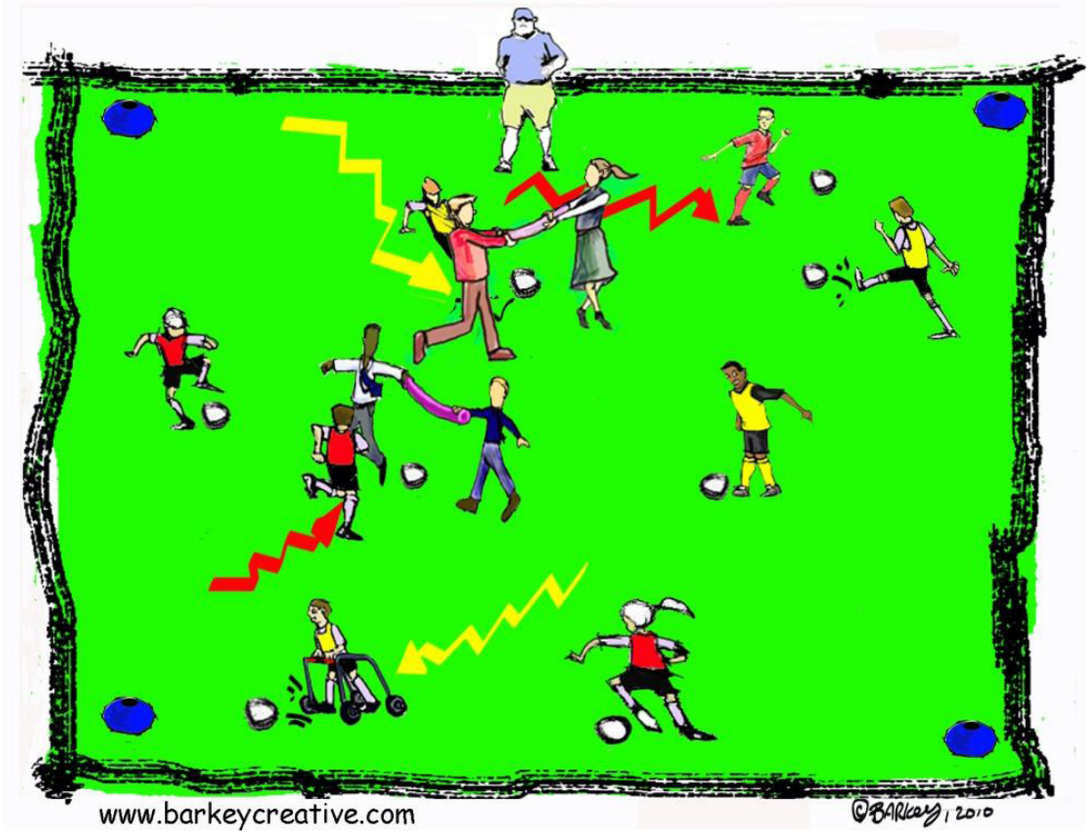
Warm Up: Network

Place cones randomly across the field. Players and partners/buddies are instructed to dribble and then try to "pass or kick" the ball into a cone. Every time this is achieved, they score a point.

2nd Activity:

"Moving Goal"

Each player has a ball. The coach/volunteers have a pool noodle between them. This pool noodle represents a "goal". The volunteers will walk around while holding a pool noodle between them. The object is to have each player score a "goal" by striking the ball under each



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3rd Activity:

3v3 Goals Galore

Play 3v3 with no goal keepers. Coaches roll out as many balls but then eventually just play with one ball. Each team keeps track of how many goals they score.

4th Activity "Game Time"-Use Buddies/Partners as goalkeepers.

4th Activity

"Game Time"

Use Buddies/Partners as goalkeepers.

Week 5-Theme:

Passing and Receiving

Warm Up: Body Part Dribbling
Players dribble around. Coach/ volunteer yells a body part. The players have to stop the ball with that body part. Examples: "Stop the ball with your foot", "Stop the ball with your knee", "Stop the ball with your head", etc. Note: A partner/buddy can also participate with their partner and do the body parts that may be challenging to some individuals.

2nd Activity:

Partner Passing

Players pass with their partner/ buddy around the grid. Each pair counts the number of passes they completed. See who the first one is to get 5, 10, etc.

Variation: Tell them to "paint" the square with the soccer ball. They do this by passing the ball to their partner/buddy. The object is to "paint" the entire

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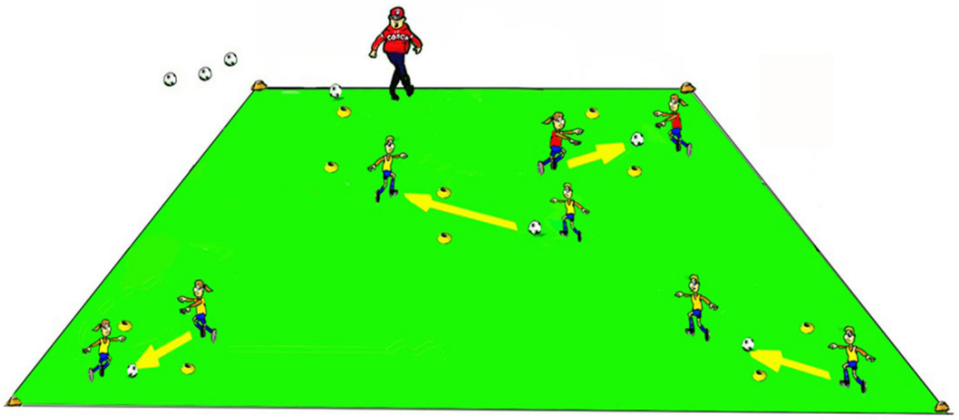
3rd Activity:

Gate Activity:

Have to pass to your Partner through a gate. Progress to passing to other gates.



4th Activity

“Game Time”

Use Buddies/Partners as goalkeepers.

Week 6-Theme:

Dribbling, Passing, Striking the ball

Warm Up-“TAG”
The coach picks two people who must chase everyone else and tag them. Tagged players can't move until you allow them. The taggers don't have a ball; all others do. The taggers can keep score of how may tags they get or not depending on how competitive the coach wants the activity to be. The coach could also put conditions on the taggers such as only a tag on the shoulder counts.

An alternative format is tail tag. Each player has a ball. Each player has a training bib tucked into the back of the shorts’ waistband. Players dribble and try to collect ‘tails’ from the other players. The activity is over when no one has a ‘tail’ left. To add a competitive edge to the activity a winner can be declared for the player who has collected the most ‘tails’.

2nd Activity:

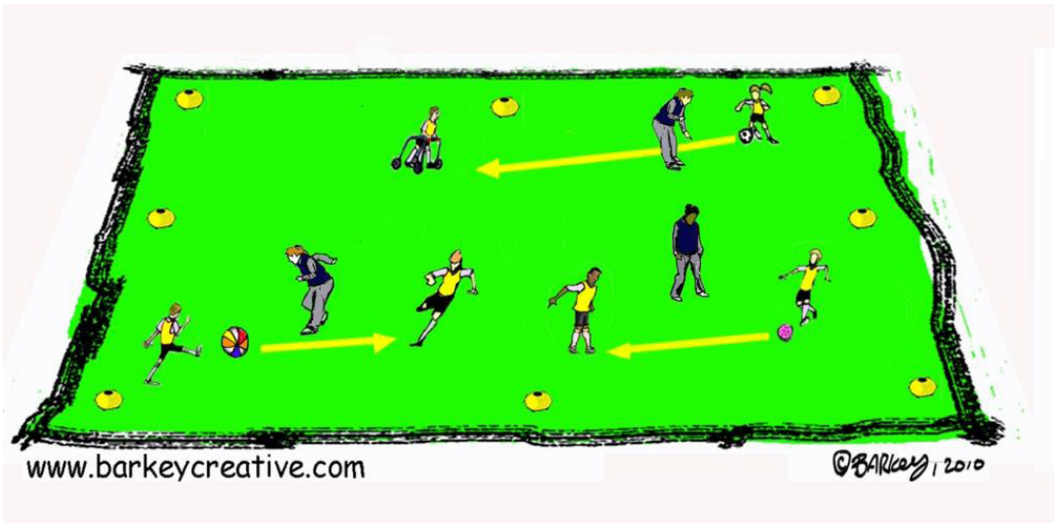
Pac Man

The coach plays the role of Pac Man while all of the players run freely in the grid. While dribbling the Pac Man tries to hit the players in the legs by passing at them. Players try to avoid getting hit with the ball. Once a player is hit he/she gets a ball and becomes a second Pac Man. The activity continues until all of the players have been hit. In some cases the coach may want to be the only Pac Man and in this case players who get hit must go off the field, do ten jumping jacks or five touchups on the ball and then come back into the game.

3rd Activity

Keep away

Players try to keep the ball away from the coach/buddy/volunteers. At first have a ball for every 2-3 players. Then reduce the number of balls as the activity continues eventually getting it down to one ball. The players play for a period of time or for a number of passes. Different types of balls can be used such as a beach ball, nerf ball, etc.



4th Activity

“Game Time”

Use Buddies/Partners as goalkeepers.

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A number of volunteers would like to know more about the labels that are used to identify specific special needs. The list below is the eligibility criteria (according to Indiana's Title 511 – Article 7) for the different disabilities of athletes with whom you will be volunteering. Please keep in mind that information can be helpful as long as one understands that a label is a generalization, and the assembled information revealed below is limited in its applicability to the individual that may qualify for that label. Even though the information listed below has its limitations, it can be useful in providing a basic understanding of what accompanies a particular label.

RULE 41. ELIGIBILITY CRITERIA

511 IAC 7-41-1 Autism spectrum disorder

Sec. 1. (a) Autism spectrum disorder is a lifelong developmental disability that includes autistic disorder, Asperger's syndrome, and other pervasive developmental disorders, as described in the current version of the American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders. The disability is generally evident before three (3) years of age and significantly affects verbal, nonverbal, or pragmatic communication and social interaction skills and results in an adverse effect on the student's educational performance. Other characteristics often associated include the following:

(1) Engagement in:
  (A) repetitive activities; and
  (B) stereotyped movements.
(2) Resistance to:
  (A) environmental change; or
  (B) change in daily routines.
(3) Unusual responses to sensory experiences.

(b) Autism spectrum disorder does not apply if a student's educational performance is adversely affected primarily by:

(1) an emotional disability;
(2) blindness or low vision;
(3) deaf-blindness; or
(4) a cognitive disability;

unless the characteristics of autism spectrum disorder are demonstrated to a greater degree than is normally attributed to these disabilities.

(c) Eligibility for special education as a student with autism spectrum disorder shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e) and 511 IAC 7-40-5(f), which includes the following:

(1) An assessment of the following:
  (A) Current academic achievement as defined at 511 IAC 7-32-2.
  (B) Functional skills or adaptive behavior across various environments from multiple sources.
  (C) The student's receptive, expressive, pragmatic, and social communication skills that must

include at least one (1) of the following:

(i) An individually administered norm-referenced assessment when appropriate for the student.

(ii) If adequate information cannot be obtained via an individually administered norm-referenced assessment, a criterion-referenced assessment that:

(AA) has been designed or may be adapted or modified for use with students who have autism spectrum disorder; and strategies appropriate for the student.

(D) An assessment of motor skills and sensory responses.

(2) A social and developmental history that may include, but is not limited to, the following:

(A) Communication skills.

(B) Social interaction skills.

(C) Motor skills.

(D) Responses to sensory experiences.

(E) Relevant family and environmental information.

(F) Patterns of emotional adjustment.

(G) Unusual or atypical behaviors.

(3) A systematic observation of the student across various environments.

(4) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:

(A) exclude the disabilities listed in subsection (b);

(B) determine eligibility for special education and related services; and

(C) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-2 Blind or low vision - 68 - Sec. 2. (a) "Blind or low vision", which may be referred to as a visual impairment, means a disability that even with best correction affects the student's ability to use vision for learning, which adversely affects the student's educational performance. The term:

(1) includes a reduced ability or a complete inability to utilize the visual system to acquire information; and

(2) may include or be limited to a reduction in field of vision.

(b) Eligibility for special education as a student who is blind or has low vision shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:

(A) Current academic achievement as defined at 511 IAC 7-32-2.

(B) Functional skills or adaptive behavior across various environments from multiple sources.

(2) A social and developmental history that may include, but is not limited to, the following:

(A) Communication skills.

(B) Social interaction skills.

(C) Motor skills.

(D) Responses to sensory experiences.

(E) Relevant family and environmental information.

(3) An assessment of the following:

(A) Functional vision.
(B) Functional literacy as described in 511 IAC 7-42-6(c)(5).
(4) A systematic observation of the student across various environments.
(5) An assessment of motor skills, which may include travel skills.
(6) A written report from an optometrist or an ophthalmologist that includes the following:
(A) Etiology and prognosis of the visual dysfunction.
(B) Secondary or accompanying visual conditions, such as nystagmus or photophobia, if appropriate.
(C) Near/distance and corrected/uncorrected acuity measures for left, right, and both eyes, as appropriate.
(D) Measures of visual fields for both eyes, if appropriate.
(E) Recommendations for use of aids, glasses, or lighting requirements, if appropriate.
(7) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) determine eligibility for special education and related services; and
(B) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-3 Cognitive disability

Sec. 3. (a) A cognitive disability:
(1) is manifested during the developmental period;
(2) is characterized by significant limitations in cognitive functioning;
(3) is demonstrated through limitations in adaptive behavior; and
(4) adversely affects educational performance.
(b) A student with a mild cognitive disability has cognitive functioning that generally:
(1) falls two (2) standard deviations below the mean; and
(2) manifests delays in adaptive behavior consistent with the mild cognitive disability.
(c) A student with a moderate cognitive disability has cognitive functioning that generally:
(1) falls three (3) standard deviations below the mean; and
(2) manifests delays in adaptive behavior consistent with the moderate cognitive disability.
(d) A student with a severe cognitive disability has cognitive functioning and adaptive behavior skills that generally:
(1) falls four (4) or more standard deviations below the mean; and
(2) manifests delays in adaptive behavior consistent with the severe cognitive disability.
(e) Eligibility for special education as a student with a cognitive disability shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:
(1) An assessment of the following:
(A) Cognitive ability and functioning that must include at least one (1) of the following:
(i) An individually administered norm-referenced assessment.
(ii) If adequate information cannot be obtained via an individually administered norm-referenced assessment, a criteri on-referenced assessment that:
(AA) has been designed or may be adapted or modified for use with students who have a cognitive disability; and
(BB) is administered by a professional or team of professionals with knowledge

of assessment strategies appropriate for the student.
(B) Current academic achievement as defined at 511 IAC 7-32-2.
sources.
(2) A social and developmental history that may include, but is not limited to, the following:
(A) Communication skills.
(B) Social interaction skills.
(C) Motor skills.
(D) Responses to sensory experiences.
(E) Relevant family and environmental information.
(3) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) determine eligibility for special education and related services; and
(B) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-4 Deaf or hard of hearing

Sec. 4. (a) "Deaf or hard of hearing", which may be referred to as a hearing impairment, means the following:
(1) A disability that, with or without amplification, adversely affects the student's:
(A) ability to use hearing for developing language and learning;
(B) educational performance; and
(C) developmental progress.
(2) The hearing loss may be:
(A) permanent or fluctuating;
(B) mild to profound; or
(C) unilateral or bilateral.
(3) Students who are deaf or hard of hearing may use:
(A) spoken language;
(B) sign language; or
(C) a combination of spoken language and signed systems.
(b) Eligibility for special education as a student who is deaf or hard of hearing shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:
(1) An assessment of the following:
(A) Current academic achievement as defined at 511 IAC 7-32-2.
(B) Functional skills or adaptive behavior across various environments from multiple sources.
(C) Communication conducted in the:
(i) language or system utilized for the student's instruction; or
(ii) student's preferred mode of communication;
that assesses the student's receptive and expressive language skills.
(2) A social and developmental history that may include, but is not limited to, the following:
(A) Communication skills.
(B) Social interaction skills.
(C) Motor skills.
(D) Responses to sensory experiences.
(E) Relevant family and environmental information

(3) A written report from an educational or clinical audiologist, otologist, or otolaryngologist with information regarding the:

(A) etiology of the hearing loss; and

(B) student's potential requirement for amplification, if appropriate.

(4) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:

(A) determine eligibility for special education and related services; and

(B) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-5 Deaf-blind

Sec. 5. (a) "Deaf-blind", which may be referred to as dual sensory impaired, means a disability that:

(1) is a concomitant hearing and vision loss or reduction in functional hearing and vision capacity;

(2) causes significant communication and adaptive behavior deficits;

(3) adversely affects the student's educational performance; and

(4) cannot be accommodated for by use of a program or service designed solely for students who are:

(A) deaf or hard of hearing; or

(B) blind or have low vision.

(b) Students who are deaf-blind represent a heterogeneous group that includes the following:

(1) Students who are both deaf and blind with:

(A) measured acuities and intellectual and adaptive functioning; or

(B) estimated acuities and intellectual and adaptive functioning supported by a description of pathology.

(2) Students with hearing and visual reductions of a mild to severe degree:

(A) with additional learning or language disabilities that adversely affect educational performance; or

(B) who have been diagnosed with a chronic or degenerative pathology or a disease that may potentially result in deaf-blindness.

(3) Students with generalized central nervous system dysfunction who:

(A) exhibit:

(i) auditory and visual impairments; or

(ii) deficits in auditory-visual functioning; and

(B) may demonstrate inconclusive or inconsistent responses:

(i) during hearing and vision assessments; or

(ii) to auditory and visual stimuli in the environment.

(c) A student who is solely deaf-blind is not considered to be a student who has multiple disabilities as defined in section 9 of this rule.

(d) Eligibility for special education as a student who is deaf-blind shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:

(A) Current academic achievement as defined at 511 IAC 7-32-2.

(B) Functional skills or adaptive behavior across various environments from multiple sources.

(C) Communication conducted in the:

(i) language or system utilized for the student's instruction; or

(ii) student's preferred mode of communication; that assesses the student's receptive and expressive language skills.

(D) Functional vision.

(E) Functional literacy as described in 511 IAC 7-42-6(c)(5).

(2) A systematic observation of the student across various environments.

(3) A social and developmental history that may include, but is not limited to, the following:

(A) Communication skills.

(B) Social interaction skills.

(C) Motor skills.

(D) Responses to sensory experiences.

(E) Relevant family and environmental information.

(4) An assessment of motor skills, including travel skills.

(5) A written report from an optometrist or an ophthalmologist that includes the following:

(A) Etiology and prognosis of the visual dysfunction.

(B) Secondary or accompanying visual conditions, such as nystagmus or photophobia, if appropriate.

(C) Near/distance and corrected/uncorrected acuity measures for left, right, and both eyes, as appropriate.

(D) Measures of visual fields for both eyes, if appropriate.

(E) Recommendations for use of aids, glasses, or lighting requirements, if appropriate.

(6) A written report from an educational or clinical audiologist, otologist, or otolaryngologist with information regarding the:

(A) etiology and prognosis of the hearing loss; and

(B) student's potential requirement for amplification, if appropriate.

(7) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:

(A) determine eligibility for special education and related services; and

(B) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-6 Developmental delay (early childhood)

Sec. 6. (a) Developmental delay is a disability category solely for students who are at least three (3) years of age and not more than five (5) years of age, or five (5) years of age but not eligible to enroll in kindergarten. Developmental delay means a delay of either two (2) standard deviations below the mean in one (1) of the following developmental areas or one and one-half (1.5) standard deviations below the mean in any two (2) of the following developmental areas:

(1) Gross or fine motor development.

(2) Cognitive development.

(3) Receptive or expressive language development.

(4) Social or emotional development.

(5) Self-help or other adaptive development.

(b) Eligibility for special education as a student with a developmental delay shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the developmental areas listed in subsection (a) that must include at least one

1) of the following:
(A) An individually administered norm-referenced assessment.
(B) If adequate information cannot be obtained via an individually administered norm-referenced assessment, a criterion-referenced assessment that:
(i) has been designed or may be adapted or modified for use with students who have a developmental delay or delays; and
(ii) is administered by a professional or team of professionals with knowledge of assessment strategies appropriate for the student.
(2) A social and developmental history that may include, but is not limited to, the following:
(A) Communication skills.
(B) Social interaction skills.
(C) Play skills.
(D) Motor skills.
(E) Responses to sensory experiences.
(F) Relevant family and environmental information.
(G) Patterns of emotional adjustment.
(H) Unusual or atypical behaviors.
(3) Available medical information that is developmentally relevant.
(4) A vision and hearing screening.
(5) A systematic observation of the student across various environments.
(6) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) determine eligibility for special education and related services; and - 72 - (B) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-7 Emotional disability

Sec. 7. (a) "Emotional disability" means an inability to learn or progress that cannot be explained by cognitive, sensory, or health factors. The student exhibits one (1) or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:
(1) A tendency to develop physical symptoms or fears associated with personal or school problems.
(2) A general pervasive mood of unhappiness or depression.
(3) An inability to build or maintain satisfactory interpersonal relationships.
(4) Inappropriate behaviors or feelings under normal circumstances.
(5) Episodes of psychosis.
(b) Eligibility for special education as a student with an emotional disability shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:
(1) An assessment of the following:
(A) Current academic achievement as defined at 511 IAC 7-32-2.
(B) Emotional and behavioral functioning.
(2) A social and developmental history that may include, but is not limited to, the following:
(A) Communication skills.
(B) Social interaction skills.
(C) Responses to sensory experiences.

(D) Relevant family and environmental information.
(E) Patterns of emotional adjustment.
(F) Unusual or atypical behaviors.
(3) A functional behavior assessment as defined at 511 IAC 7-32-41 that includes an analysis of any interventions used to address the behaviors leading to the referral for the educational evaluation.
(4) Available medical and mental health information that is educationally relevant.
(5) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) address whether the student's inability to learn or progress is caused by:
(i) cognitive;
(ii) sensory; or
(iii) health factors;
(B) determine eligibility for special education and related services; and
(C) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-8 Language or speech impairment

Sec. 8. (a) A language or speech impairment is characterized by one (1) of the following impairments that adversely affects the student's educational performance:
(1) Language impairments in the comprehension or expression of spoken or written language resulting from organic or nonorganic causes that are non-maturational in nature. Language impairments affect the student's primary language systems, in one (1) or more of the following components:
(A) Word retrieval.
(B) Phonology.
(C) Morphology.
(D) Syntax.
(E) Semantics.
(F) Pragmatics.
(2) Speech impairments that may include fluency, articulation, and voice disorders in the student's speaking behavior in more than one (1) speaking task that are non-maturational in nature, including impairments that are the result of a deficiency of structure and function of the oral peripheral mechanism. - 73 - (b) A student is not eligible for special education and related services as a student with a language or speech impairment solely because the student's native language is not English. Bilingual or multilingual speakers include students whose speech or language patterns:
(1) deviate from those of standard English; and
(2) are characteristic of dialectical differences.
A student who is bilingual or multilingual may be a student with a language or speech impairment only if the impairment is exhibited in all languages spoken by the student.
(c) Students who are deaf or hard of hearing or students with specific learning disabilities, who have language deficits or auditory processing difficulties, are not eligible for services designed solely for students with language impairments in lieu of services designed for:
(1) students who are deaf or hard of hearing; or
(2) students with specific learning disabilities.
(d) Severe language or speech impairments may require the use of augmentative communication systems, such as:

(1) gestures;
(2) signed language;
(3) communication books or boards;
(4) electronic devices; or
(5) other systems determined by the student's CCC.

(e) Eligibility for special education as a student with a language impairment shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:

(A) Progress in the general education curriculum that includes an analysis of any interventions used to address the aca demic concerns leading to the referral for the educational evaluation.

(B) Current academic achievement as defined at 511 IAC 7-32-2.

(2) A social and developmental history that may include, but is not limited to, the following:

(A) Communication skills.

(B) Social interaction skills.

(C) Responses to sensory experiences.

(D) Relevant family and environmental information.

(3) An observation of the student in the student's learning environment to document the student's academic performance in the area or areas of difficulty. The multidisciplinary team:

(A) may use information from an observation in routine classroom instruction and monitoring of the student's performance that was done before the student was referred for an educational evaluation; or

(B) have at least one (1) member of the multidisciplinary team, other than the student's general education teacher, conduct an observation of the student's academic performance in the general education classroom after the child has been referred for an educational evaluation and parental consent for the educational evaluation has been obtained. In the case of a student of less than school age or out of school, a team member must observe the student in an environment appropriate for a student of that age.

(4) Available medical information that is educationally relevant.

(5) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:

(A) address the exclusionary factors listed in subsections (b) and (c);

(B) determine eligibility for special education and related services; and

(C) inform the student's CCC of the student's special education and related service needs.

(f) Eligibility for special education as a student with a speech impairment shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:

(A) The student's skills in:

(i) articulation;

(ii) fluency; and - 74 - (iii) voice.

(B) Current academic achievement as defined at 511 IAC 7-32-2.

(2) A social and developmental history that may include, but is not limited to, the following:

(A) Communication skills.
(B) Social interaction skills.
(C) Oral motor skills.
(D) Responses to sensory experiences.
(E) Relevant family and environmental information.

(3) At least one (1) observation of the student's speech completed by a speech and language pathologist.

(4) If an organic cause is the suspected cause of the speech impairment, a statement from a physician with an unlimited license describing:

(A) the student's medical needs; and
(B) any consequent limitations to communication training.

(5) Available medical information that is educationally relevant.

(6) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:

(A) address the exclusionary factors listed in subsection (b);
(B) determine eligibility for special education and related services; and
(C) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-9 Multiple disabilities

Sec. 9. (a) "Multiple disabilities" means coexisting disabilities, one of which must be a significant cognitive disability. The coexisting disabilities are life-long and interfere with independent functioning, and it is difficult to determine which disability most adversely affects educational performance. The term does not include deaf-blind.

(b) Eligibility for special education as a student with multiple disabilities shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:

(A) Cognitive ability and functioning that must include at least one (1) of the following:
(i) An individually administered norm-referenced assessment.
(ii) If adequate information cannot be obtained via an individually administered norm-referenced assessment, a criterion-referenced assessment that:
(AA) has been designed or may be adapted or modified based on the student's disabilities; and
(BB) is administered by a professional or team of professionals with knowledge of assessment strategies appropriate for the student.
(B) Current academic achievement as defined at 511 IAC 7-32-2.
(C) Functional skills or adaptive behavior across various environments from multiple sources.

(2) A social and developmental history that may include, but is not limited to, the following:

(A) Communication skills.
(B) Social interaction skills.
(C) Motor skills.
(D) Responses to sensory experiences.
(E) Relevant family and environmental information.

(3) A systematic observation of the student across various environments.

(4) Available medical information that is educationally relevant.
(5) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) determine eligibility for special education and related services; and
(B) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-10 Other health impairment

Sec. 10. (a) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that:
(1) is due to chronic or acute health problems, such as:
(A) asthma;
(B) attention deficit disorder or attention deficit hyperactivity disorder;
(C) diabetes;
(D) epilepsy;
(E) a heart condition;
(F) hemophilia;
(G) lead poisoning;
(H) leukemia;
(I) nephritis;
(J) rheumatic fever;
(K) sickle cell anemia; and
(L) Tourette syndrome; and
(2) adversely affects a student's educational performance.
(b) Eligibility for special education as a student as other health impaired shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:
(1) An assessment of the following:
(A) Current academic achievement as defined at 511 IAC 7-32-2.
(B) Functional skills or adaptive behavior across various environments from multiple sources.
(2) A social and developmental history that may include, but is not limited to, the following:
(A) Communication skills.
(B) Social interaction skills.
(C) Motor skills.
(D) Responses to sensory experiences.
(E) Relevant family and environmental information.
(3) A systematic observation of the student across various environments.
(4) Available medical information that is educationally relevant.
(5) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) determine eligibility for special education and related services; and
(B) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-11 Orthopedic impairment

Sec. 11. (a) An orthopedic impairment is a severe physically disabling condition that adversely affects

educational performance. The term may include impairments caused by any of the following:

(1) A congenital anomaly.

(2) A disease, such as:

(A) poliomyelitis; or

(B) bone tuberculosis.

(3) Other causes, such as:

(A) cerebral palsy;

(B) amputations; or

(C) fractures or burns that cause contractures.

(b) Eligibility for special education as a student with an orthopedic impairment shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:

(A) Current academic achievement as defined at 511 IAC 7-32-2.

(B) Functional skills or adaptive behavior across various environments from multiple sources.

(2) A social and developmental history that may include, but is not limited to, the following:

(A) Communication skills.

(B) Social interaction skills.

(C) Motor skills.

(D) Responses to sensory experiences.

(E) Relevant family and environmental information.

(3) Available medical information that is educationally relevant.

(4) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:

(A) determine eligibility for special education and related services; and

(B) inform the student's CCC of the student's special education and related service needs.

511 IAC 7-41-12 Specific learning disability

Sec. 12. (a) "Specific learning disability" means a disorder in one (1) or more of the basic psychological processes involved in understanding or in using language, spoken or written, that adversely affect the student's educational performance, including conditions referred to, or previously referred to, as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. As follows, a specific learning disability:

(1) Manifests itself when the student does not achieve adequately for the student's age or to meet state approved grade level standards in one (1) or more of the following areas, when provided with learning experiences and instruc tion appropriate for the student's age or state approved grade level standards:

(A) Reading disability, which is a specific learning disability that is neurological in origin and has a continuum of severity. It is characterized by difficulties with accurate or fluent, or both, word recognition and by poor spelling and decoding abilities. A reading disability may be due to difficulties in the following:

(i) Basic reading skills.

(ii) Reading fluency skills.

(iii) Reading comprehension.

(B) Written expression disability, which is a specific learning disability that is neurological in origin and has a continuum of severity. Written expression is a complex domain that requires the integration of the following:

(i) Oral language.

(ii) Written language.

(iii) Cognition.

(iv) Motor skills.

(C) Math disability, which is a specific learning disability that is neurological in origin and has a continuum of severity. The ability to perform mathematical computations and reasoning requires multiple core cognitive processes. A math disability may be due to difficulties in the following:

(i) Mathematics calculation.

(ii) Mathematics problem solving.

(D) Oral expression disability, which is a specific learning disability that:

(i) is neurological in origin;

(ii) has a continuum of severity; and

(iii) is characterized by deficits in using expressive language processes to mediate learning of:

(AA) reading;

(BB) writing;

(CC) spelling; or

(DD) mathematics skills.

(E) Listening comprehension disability, which is a specific learning disability that:

(i) is neurological in origin;

(ii) has a continuum of severity; and

(iii) is characterized by difficulties in using receptive language processes to mediate learning of:

(AA) reading;

(BB) writing;

(CC) spelling; or

(DD) mathematics, skills

(2) Can be evidenced through either of the following: - 77 - (A) Insufficient progress to meet age or state approved grade level standards in one (1) or more of the areas identified in subdivision (1) when using a process based on the student's response to scientific, research based intervention.

(B) A pattern of strengths and weaknesses in performance or achievement, or both, relative to:

(i) age;

(ii) state approved grade level standards; or

(iii) intellectual development;

that is determined by the group to be relevant to the identification of a specific learning disability. The multidisciplinary team is prohibited from using a severe discrepancy between academic achievement and global cognitive functioning to meet this requirement.

(3) Does not include learning problems that are primarily the result of any of the following:

(A) A visual, hearing, or motor disability.

(B) A cognitive disability.
(C) An emotional disability.
(D) Cultural factors.
(E) Environmental or economic disadvantage.
(F) Limited English proficiency.
(G) Lack of appropriate instruction in reading or math evidenced by the following:
(i) Data demonstrating that prior to, or part of, the referral process, the student was provided appropriate instruction in general education settings, delivered by qualified personnel.
(ii) Data based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.

(b) Eligibility for special education as a student with a specific learning disability shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e) and 511 IAC 7-40-5(g), which includes the following:

(1) An assessment of current academic achievement as defined at 511 IAC 7-32-2.
(2) An observation of the student in the student's learning environment, including the general classroom setting, to document the student's academic performance and behavior in the areas of difficulty. The multidisciplinary team may do either of the following:
(A) Use information from an observation in routine classroom instruction and monitoring of the student's performance that was done before the student was referred for an educational evaluation.
(B) Have at least one (1) member of the multidisciplinary team, other than the student's general education teacher conduct an observation of the student's academic performance in the general education classroom after:
(i) the child has been referred for an educational evaluation; and
(ii) parental consent for the educational evaluation has been obtained.
In the case of a student of less than school age or out of school, a team member must observe the student in an environment appropriate for a student of that age.
(3) Available medical information that is educationally relevant.
(4) A social and developmental history that may include, but is not limited to, the following:
(A) Communication skills.
(B) Social interaction skills.
(C) Responses to sensory experiences.
(D) Relevant family and environmental information.
(E) Patterns of emotional adjustment.
(F) Unusual or atypical behaviors.
(5) An assessment of progress in the general education curriculum that includes an analysis of any interventions used to address the academic concerns leading to the referral for the educational evaluation.
(6) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) address the exclusionary factors listed in subsection (a)(3);

(B) determine eligibility for special education and related services; and

(C) inform the student's CCC of the student's special education and related service needs.

(c) Other assessments and information collected prior to referral or during the educational evaluation under subsection (b) (6), may pertain to the following:

(1) For difficulties with reading, the following:

(A) Decoding.

(B) Phonological awareness.

C) Phonological memory.

(D) Phonological processing.

(E) Orthographic processing.

(F) Reading fluency (rate and accuracy).

(G) Reading comprehension.

(2) For difficulties with written expression, the following:

(A) Handwriting, which encompasses the following:

(i) Fine motor skills.

(ii) Visual-motor coordination.

(iii) Visual and working memory.

(iv) Phonological and orthographic processing.

(B) Spelling, which encompasses the following:

(i) Phonological and orthographic processing.

(ii) Written spelling ability.

(C) Composition, which encompasses the following:

(i) Oral language.

(ii) Reading ability.

(iii) Attention.

(iv) Memory.

(3) For difficulties with math, the following:

(A) Nonverbal problem solving.

(B) Working memory.

(C) Long-term memory.

(D) Processing speed.

(E) Attention.

511 IAC 7-41-13 Traumatic brain injury

Sec. 13. (a) A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one (1) or more areas, such as the following:

(1) Cognition.

(2) Language.

(3) Memory.

(4) Attention.

(5) Reasoning.

(6) Abstract thinking.

(7) Judgment.
(8) Problem solving.
(9) Sensory, perceptual, and motor abilities.
(10) Psychosocial behavior.
(11) Physical functions.
(12) Information processing.
(13) Speech.

(b) The term does not apply to brain injuries that are:
(1) congenital or degenerative; or
(2) induced by birth trauma.

(c) Eligibility for special education as a student with a traumatic brain injury shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:
(1) An assessment of the following:
(A) Cognitive ability and functioning that must include at least one (1) of the following:
(i) An individually administered norm-referenced assessment.
(ii) If adequate information cannot be obtained via an individually administered norm-referenced assessment, a criterion-referenced assessment that:
(AA) has been designed or may be adapted or modified for use with students who have a traumatic brain injury; and
(BB) is administered by a professional or team of professionals with knowledge of assessment strategies appropriate for the student.
(B) Current academic achievement as defined at 511 IAC 7-32-2.
(C) Assessments of functional skills or adaptive behavior across various environments from multiple sources.
(2) A social and developmental history that may include, but is not limited to, the following:
(A) Communication skills.
(B) Social interaction skills.
(C) Motor skills.
(D) Responses to sensory experiences.
(E) Relevant family and environmental information.
(3) Available medical information that is educationally relevant
(4) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) determine eligibility for special education and related services; and
(B) inform the student's CCC of the student's special education and related service needs.

Credits

Brian Barkey-Illustrator

Jason Brown-Indiana TOPSoccer Representative and licensed Special Education teacher

Shawn Danhouser-Illinois Youth Soccer

Vince Ganzberg-Director of Education Indiana Soccer Association

Charlene Guthrie- Licensed Director of Special Education Indiana

US Youth Soccer Region 2 TOPSoccer Committee

US Youth Soccer TOPSoccer National Committee

US Youth Soccer TOPSoccer Coaching Manual

US YOUTH SOCCER
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COACHING MANUAL

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