



INFORMATION SHEET

Participant Name: _____ **Date:** _____

Is your child looking forward to soccer with:

Enthusiasm Caution Anxiety Acceptance

What does your child find soothing?

What methods do you use for positive feedback?

What are your child's social strengths and challenges?

Is your child prone to "meltdowns"?

What types of situations cause your child stress?

Can you share successful management tools? Please list both praise and disciplinary actions?

How does your child indicate that they need to use the restroom?

Does your child have any fears?

Do you have any comments, concerns or helpful hints?
