



Parent Questionnaire - OPTIONAL

~adapted from Miles and Miles of Soccer Smiles

The following questions may help us create a successful soccer experience with your child.

1. What is your child's disability? _____
2. Are there any medical concerns we should be aware of?

3. Allergies? _____
4. Diet restrictions? _____
5. Physical Limitations? _____
6. Use of Mobility aid or Health Aid? (wheelchair or hearing aid etc...)

7. Fears? If so, to what? _____
8. How long is your child's attention span? _____
9. What works for positive reinforcement with your child?

10. What do you expect for your child from this soccer program?

Please give us suggestions to help our coaches and volunteers make this a successful experience for your child:
