Montgomery Soccer, Inc.

Player Development Program Clinician Training Manual



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TABLE OF CONTENTS	Page(s)			
Qualities of a Good PDP Clinician				
Objective of the MSI PDP Clinician Training Manual				
Goal of MSI's Player Development Program for 1st Grade Recreational Teams				
Overview of MSI 1st Grade Recreational Soccer • Formation/Structure of Teams • Weekday Practices • MSI Weekend 4v4 Scrimmages During the Season	3			
Role of the PDP Clinician—Facilitator of FUN and LEARNING	4			
Field Set-Up	4			
Rules and Description of 4 v 4 Soccer Rules Description and Allowable Modifications	5			
Principles of 4 v 4 Soccer • Spreading Out on Offense • Attacking Restarts	5			
What is the Basic Structure of Each Hour Long Session?	5			
Why is MSI 1 st Grade Recreational Soccer Setup This Way? • Efficient Model for Maximizing Fun, Learning, and Continuity • Why 4 v 4 Scrimmages?	6			
Characteristics of Under 7/8 Players	7			
Things You Can Expect from an Under 7/8 Players	7			
Attention Getting Techniques	7			
PDP Clinician Evaluation Card	8			
Scheduling	8			
Warm-up Tag Games	9			

PDP Clinicians act as game leaders for first or second grade games in the MSI Recreational Program. The sessions start with a brief warmup followed by a two 4 v 4 scrimmages between two teams on two small fields that are each approximately 30x20 yards. (Half of one team plays half of the other team on one field while the other halves of the teams play on the other field at the same time.) The fields (also called grids) are set up in side by side pairs with an area in between them for the coaches and players of both teams. The PDP clinician acts as a game leader and facilitates one of the games while an adult volunteer from one of the teams is the game leader for the other game. Clinicians typically work 2 or 3 one hour games on a given day.

Qualities of a Good PDP Clinician

A good PDP Clinician enthusiastically facilitates fun and learning for every player in his/her group. In addition, a good PDP Clinician:

- **dresses appropriately** in clean, neat soccer attire without holes, etc. (PDP Clinician shirt tucked in; no jeans; no boots, shoes, or sandals—sneakers or soccer shoes ok; hair neat and out of eyes)
- arrives **on time** ready to work
- calls the PDP Coordinator as soon as possible if an **emergency** arises and he/she cannot fulfill their work commitment on a given day
- uses appropriate language always (no cursing, no sarcasm, etc.)
- has **good body language/posture** (keeps hands out of pockets, looks lively)
- speaks clearly and precisely
- looks coaches and players in the eyes when talking with them
- asks PDP Site Managers (first grade games only) questions when not certain about something
- remembers to bring a watch
- remembers to bring water and a light snack in a gym bag so he/she does not have to leave their grid to go to their car or a friend's grid to get a drink
- leaves their cell phone turned off
- can improvise solutions to unanticipated problems
- has the ability to restrain, politely but firmly, parents and coaches who are not behaving appropriately
- firmly makes all **final decisions** with regard to interpreting the rules of 4 v 4 scrimmages
- is fit and willing to stay up with play during the scrimmages and help keep the game moving especially when the ball goes out of play
- has read this manual a few times and implements the ideas contained in this manual

Objective of the MSI PDP Clinician Training Manual

To provide PDP Clinicians with a single resource that explains their role as the facilitator/leader of MSI's Player Development Program for 1st Grade or 2nd Grade Recreational teams.

Goal of MSI's Player Development Program for 1st Grade or 2nd Grade Recreational Teams

To help entry level players a **FUN** introduction to soccer through non results-oriented 4 v 4 small-sided scrimmages that allow players many touches on the ball.

Overview of MSI 1st Grade and 2nd Grade Recreational Soccer

Formation/Structure of 2nd Grade teams

MSI teams form prior to the start of the Fall or Spring season with most teams forming before the Fall season and playing both seasons. The teams are usually comprised of players who live in the same neighborhood and/or who

attend the same school. Players are placed on teams with available roster slots in the order in which they register. Each team has one volunteer Head Coach and a maximum of 13 players on its roster. Each team may also have one or two volunteer assistant coaches and one or two volunteer managers.

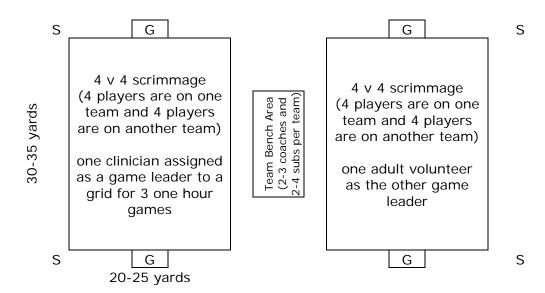
Weekday Practices

MSI 1st and 2nd grade teams practice at least once a week during the season and most hold a few pre-season practices. The coaches and/or assistant coaches usually run one weekday practice. Practices usually are 1.25 hours long. To help the coaches run practices and scrimmages, MSI requires that they attend training classes at the beginning of each season prior to the first season they coach. Much of what the coaches are taught is covered in this manual, so they should have a very good understanding of MSI 1st grade and 2nd grade Recreational soccer, including the responsibilities of the PDP Clinician.

Role of the PDP Clinician—Facilitator of FUN and LEARNING

A good PDP Clinician helps players enjoy soccer while they learn basic techniques of the game from their coaches. PDP Clinicians facilitate 4 v 4 scrimmages giving lots of encouragement to all players equally and keeping the game moving. After the scrimmage, the PDP Clinician facilitates the traditional "hand shake" teams all over the world use to congratulate each other. A good clinician encourages players to continue playing and practicing at home.

Field Set-Up



S=spectators (parents, siblings, etc.) 3-5 yards off the field and within 5 yards of the corners indicated

G=goal (each goal is made using corner flags or a PUGG goal)

Team bench is no more than 10 yards on either side of midfield

Notes: The game leaders on neighboring fields work together to synchronize the start and end of the four quarters of each 1^{st} or 2^{nd} grade scrimmage between two teams. See below for the rules of 4 v 4 soccer.

Rules and Description of 4 v 4 Soccer

Rules

- Playing field: 30-35 yards x 20-25 yards; PUGG goals or flags are used as a goal at each end of the playing area; goals are approximately 3 yards wide
- Number of players: 2 teams of 4 players each
- No goalkeepers: defenders are not allowed to take up a permanent position in front of the goal
- Object of game: to get the ball into opponent's goal

Description and Allowable Modifications

- Game start: Game leader rolls ball to one of the two teams. Opponents must remain in their own half of the field until the ball crosses the center line
- Scoring: goals may only be scored from a team's attacking half of the field.
- Re-Starts: opponents' distance 5 yards (or more if warranted). After a goal, team scored on kicks "in" from end line and opponent remains in their half of the field until the ball crosses the center line. Ball out on side or end line is kicked "in" by opposing team (no throw-ins). "Dribble-ins" are ok if used occasionally.
- Corner kicks: are taken by the attacking team when the ball has been touched last by the defending team and goes over the defending team's end line.
- Substitutions: quickly, made by the coaches on the fly
- Off Side: None
- No slide tackling
- Infringements: deliberate tripping, handling, etc. award <u>indirect</u> kick. Opponents 5 yards away.
- Note to Leader: be flexible with the rules; use kick-offs at mid-field or have the opponents go to their defending half if a team struggles to get the ball out of their back area. If one team is considerably stronger than the other and is running up the score, make adjustments in the game to try and ensure that every child on every team has some degree of success during the hour they are with you.

Principles of 4 v 4 Soccer

Spreading out on offense

- Diamond greatest width and depth
- Queen Bee, Home Bee, Support Bees
- Interchanging positions

Attacking Restarts

- excellent time to help players spread out
- make sure nearest opponent is at least 5 yards away from ball
- kick-in preferred; "dribble-in" is ok if used occasionally

What is the Basic Structure of Each Hour Long Session?

- Arrive at the PDP Site at least 15 minutes before your first game and report to the site manager (1st grade games). At 2nd grade games, you should report directly to the coaches of the teams at the field. Ask how you can help to prepare the site or set up the fields.
- Confirm your field/grid assignment and the hours you are expected to work ahead of time.
- Report to your field. Find the coaches of both teams and introduce yourself politely and with a handshake. Confirm that they are aware that you will act as a game leader for one of the games and that they each ask an adult volunteer to be a game leader for the other game. (Each team provides a leader for one half.)
- Make sure all players have shirts tucked in, socks over shin guards, jewelry off, etc.

- Gather the players from both teams and conduct a 5 minute warmup on one of the fields. Have the coaches participate to help you keep the kids organized and focused. (See below for warmup games)
- 4 v 4 scrimmages (four 8-10 minute quarters with a 2-3 minute rest between quarters and a 5 minute water break at halftime)
- After 4 v 4 scrimmage, the clinician will bring players together for the handshake. (1-2 minutes)
- Thank the players for their effort and cooperation and the coaches for their support (1-2 minutes)

Notes: The game leaders on each pair of fields work together to synchronize the start and end of the quarters of the neighboring scrimmages.

Why is MSI 1st and 2nd Grade Recreational Soccer Set Up This Way?

Efficient Model for Maximizing Fun, Learning, and Continuity

MSI 1st and 2nd grade Recreational Soccer uses the model described above because all available research suggests that 4 v 4 scrimmages maximize fun and learning for players this age. The model takes account of the developmental stage of the Under 7 and Under 8 player and the often very competitive nature of adults, and the need to have at least 13 players on 3rd and 4th grade teams when 7 v 7 play begins. So, by placing 13 players on each 1st and 2nd grade team, when that team becomes a 3rd/4th grade team, it may not need any new players (or only a couple of new players) thereby fostering continuity from one year to the next for the first four years of play.

Why 4 v 4 Scrimmages?

All available research and observation shows that children have more fun and learn more playing scrimmages with smaller teams and easy to understand modified rules. The more pleasure players derive from their participation, the more they wish to play and practice on their own and the more they learn. While their instinct to play is natural, their affection and appreciation for soccer must be cultivated. 4 v. 4 scrimmages are foundational to the latter goals and lots of others because they:

- Fit the game to the child's needs
- Allow players to frequently touch the ball and propel players into a high number of one against one match-ups that help players develop individual attacking and defending skills that are critical to success at the highest levels of the game and have to be learned at a young age because they are so difficult to develop at older ages.
- Present many opportunities to score goals.
- Maximize active participation and minimize inactivity and boredom because the ball is always close.
- Encourage regaining possession of the ball as a productive, fun, and rewarding part of the game (defending).
- Improve players' fitness as a result of the lively and dynamic tempo of the scrimmages.
- Create awareness because situations are constantly repeated.
- Eliminate complicated rules such as offsides that may hinder youngsters from "playing".
- Provide a well organized playing environment often with improvised fields.
- Reflect the philosophy of player development expressed in state and national coaching schools.
- Reflect the appropriate roll of the coach/adult volunteer/clinician as a Facilitator
- Make the game more "beginning coach" friendly because the game is simpler, thus making it easier to recruit more volunteer "coaches".
- Allow the game to be the teacher!

Characteristics of Under 7/8 Players

- Their attention span is a bit longer than that of U-6 players but not by much and not very long overall. So, when explaining something, be brief and quickly restart the game. Use a "show and go" method when helping players.
- They are more inclined towards small group activities than Under 6 players, but they are still largely self-centered and often unable to cooperate with others.
- They are always in motion: scratching, blinking, jerking, rocking ...
- They want everybody to like them.

- They have a very limited understanding of personal evaluation. So, if they try hard, by definition, they have performed well regardless of the actual performance. They need to be and should be encouraged and affirmed constantly.
- As a follow-up to the last point, they are easily bruised psychologically. They will remember negative comments for a long time. Shout praise. Give "hints". Let the players be what they are—children.
- They are developing physical confidence. Most are able to ride a two-wheeler and will attempt challenging games and activities.
- They are starting to imitate older players or sports heroes and want the same "gear" as them.
- They lack a sense of pace. They go flat out until they drop.
- Their skeletal system is growing rapidly, often resulting in an apparent lack of coordination.
- Their cardiovascular and temperature regulation system is not developed. Their heart rate peaks quickly, and they overheat quickly. So, they must get frequent and adequate water breaks.
- They are better than Under 6 players at recognizing when the ball is out of play and remembering what goal they are going for... but in the heat of battle, they will sometimes forget. They still find it difficult to be really aware of more than one thing at a time.

Things You Can Expect from an Under 7/8 Player

Six and seven year old players are a bit more compliant than their 5 year old counterparts. They will be able to follow instructions with 2 or 3 steps and are starting to have a good understanding about what it means to play a "game". They are also starting to cooperate more with their teammates. They occasionally will pass the ball to a teammate on purpose. Often, they will repeat the phrase "I can't do that!", but will quickly run to show you that they can, even when they only think they can. Some other things that you can expect to happen during a season with this age group are:

- They usually watch the ball only and often react too quickly to the flight of the ball.
- They usually cannot look for space to run or pass into.
- They usually do not follow encouragement to "spread out" because they do not understand the concept of space. (Note: When there is break in the action, the clinician should encourage the players to "look for space" Remember that ,during the run of play, the players should be permitted to play without much interference.)
- They will fall a lot during the season, but they will usually pick themselves back up.
- They cannot resist jumping into the puddle in front of the goal, or investigating an interesting bug or animal, etc.
- Some of the girls are a lot tougher than the boys.
- Often, they will want to wear a scrimmage vest, even when the color is identical to their shirt color.
- They often wear their uniform to bed.

Attention Getting Techniques

Before teaching anything to another person or group of people, you have to have that person's or group's attention. Getting the attention of a group of 1st or 2nd graders can be a challenging task for even the most experienced clinician. Below are a few techniques that are used by clinicians to get the attention of players.

- Change the tone and volume of your voice and enthusiastically and respectfully explain what you would like players to do
- Look players in the eyes possibly by getting down on one knee so that you are at their eye level
- Teach players to stand in front of you and face you when you are talking—let them know that they should do the latter in all sports or in class when their coach or teacher is trying to teach them
- If possible, learn player names and use them frequently
- Ask players to wave their hands in the air; after they do so, ask them to clap once if they can hear you, twice if they can see you
- Ask players to complete a popular phrase many have learned in school; you say one, two, three, eyes on me; they say one, two eyes on you

PDP Clinician Evaluation Card

	PDF	Clinic	cian Repor	t		
Date:	Game Time:		Field #:	(Gender: M F	
Clinician Name:						
Team Coach:						
Coach's Signature:_						
	PDI	? Clinic	cian Ratin	g		
	Excellent	Good	Acceptable	Poor	Unacceptable	
Appearance	5	4	3	2	1	
Time Mgmt	5	4	3	2	1	
Enthusiasm	5	4	3	2	1	
Rapport w/ players	5	4	3	2	1	
Rapport w/ coaches	5	4	3	2	1	
Comments:						

Clinician evaluation cards are used to provide feedback about your performance. It also provides MSI with feedback on what they need to emphasize in this clinician training. If a clinician receives poor ratings, the on-site manager or PDP coordinator will review with you before your next shift so you can improve in the specific area. If the problem persists after several weeks, other clinicians will be given priority in scheduling. At the end of the year, the evaluations help MSI to determine the "PDP Clinician of the Year" award.

Clinicians should pick up enough cards from the site manager to give to each coach on your field for a given day. The coaches can turn them in directly to the PDP on-site manager.

Scheduling

Clinicians should submit their requests online as soon as possible after training. They will be asked to go online and provide their preferred dates and times to work. Clinicians that work at least one shift during the first three weeks of the season are given priority scheduling for the remaining weeks. An email will go out no later than on Wednesday of each week with the assignments for the upcoming Saturday. You are asked to respond immediately to confirm your shift.

Warm-up Tag Games

- Stuck in the Mud Designate a number of Mud Monsters who are "it". They are trying to tag everyone. If a player is tagged, he/she is stuck in the mud and must freeze, open their legs, put their hands on their head and call for help. To free those who are frozen a teammate must crawl between their legs. Make sure you encourage the kids to use "teamwork" by helping each other unfreeze people. Variation each player has a ball at their feet. Mud Monsters do not have a ball. Players dribble and try not to get tagged. If they are tagged, they must pick up their ball and call for help, leaving their legs open. A teammate can dribble/pass through their legs to free them. Game is played in a grid that is 15-20 yards x 15-20 yards.
- Amoeba Tag One person starts out being it (aka "The Amoeba"). Once they tag someone, they join up and become a larger amoeba trying to tag others. Depending on the number of players, you can break the amoeba after 5 players are holding hands. This tag game encourages talking and working together. Game is played in a grid that is 15-20 yards x 15-20 yards.
- **Doctor**, **Doctor** Players are divided into two teams. Each team picks one doctor, who stays in his hospital (5 x 5 square). Players each have a ball. They must dribble it and try to hit the other team's players with the ball from the knee down. If a player gets tagged with the ball, they go down on one knee and call for the doctor. The doctor has healing powers and can free his players by tagging them. The doctor is safe in their hospital but can be tagged with a ball once outside. The team who tags all the other players and doctor wins. Game is played in a 20 yard x 20 yard grid.
- **Hospital Tag** Two players are it. When they tag another player, that player must use one hand to cover the place (the wound) where they were tagged and continue playing holding their wound. If they get tagged again, they use their other hand to cover their second wound. They become the tagger if they get tagged a third time. Game is played in a grid that is 15-20 yards x 15-20 yards.
- **Donkey Tag** All players tuck a scrimmage vest in the back of their shorts. After the coach says "Go!", the players run around and try to grab as many pinnies as possible. If their scrimmage vest gets taken, they get on one knee and are out until the next round. The player with the most vests is the winner. This can also be played with each player having a ball. Instead of getting out, the player can do a ball touch exercise (box, toe touches, etc.) until the next round. Game is played in a grid that is 15-20 yards x 15-20 yards.
- **Switch Tag** (more difficult) Players are divided into two teams. One team is chasing the other. If a player is tagged, they freeze until one of their teammates can crawl through their legs to free them. When the coach calls switch, the team being chased becomes the chasers. Players remain frozen until a teammate frees them (regardless of who is it). Game is played in a grid that is 15-20 yards x 15-20 yards.