

Special Olympics Pennsylvania Basketball Rating Team Summary Form

Head Coach: _____
Phone Number: _____

Team Name: _____
Team Color: _____

ID # _____
(Ex. 01)

_____ This team is interested in attending Summer Games

3v3 teams may roster a maximum of 8 players and 5v5 teams may roster a maximum of 10 players

Total Team Rating: _____
(Add all scores and divide by number of players)

Top 5 Players: _____
(5v5 - Add top 5 scores and divide by 5)
(3v3 - Add top 5 scores and divide by 3)

Bottom 5 Players: _____
(5v5 - Add bottom 5 scores and divide by 5)
(3v3 - Add top 5 scores and divide by 3)
* Note: If roster is less than 10 players, please still include the bottom 5 players

Summary of Team Assessment

Please list players in order from highest to lowest rating. Remember - Individual Skills Athletes may not be listed on your Team Roster.

Name	Athlete / Partner	Ball Handling	Passing	Movement	Game Awareness	Shooting	Rebounding	Total	Overall Rating
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Alternates:									
1									
2									
3									
4									

Submit this form with your Entry Information for Spring Sectionals