

Traditional Unified
Circle One

Delegation _____

Special Olympics Pennsylvania Volleyball Rating Team Summary Form

Head Coach: _____

Team Name: _____

ID # _____
(Ex. 01)

Phone Number: _____

Team Color: _____

_____ This team is interested in attending Fall Festival

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

Top 6 Players: _____
(Add top 6 total scores and divide by 6)

Bottom 6 Players: _____
(Add bottom 6 total scores and divide by 6)

* Note: If roster is less than 10 players, please still include the bottom 6 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	Serving	Passing / Setting	Blocking	Attacking / Hitting	Communication	Game Awareness	Movement	TOTAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Alternates:									
1									
2									
3									
4									

Submit this form with your Entry Information for Fall Sectional