

Traditional Unified  
Circle One

Delegation: \_\_\_\_\_

## Special Olympics Pennsylvania Softball Rating Team Summary Form

Head Coach: \_\_\_\_\_

Team Name: \_\_\_\_\_

ID # \_\_\_\_\_

(Ex. 01)

Phone Number: \_\_\_\_\_

Age Group: \_\_\_\_\_

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

Top 10 Players: \_\_\_\_\_  
(Add top 10 scores and divide by 10)

(If Unified, use top 5 partners & 5 athletes)

Bottom 10 Players: \_\_\_\_\_  
(Add bottom 10 scores and divide by 10)

\* Note: If roster is less than 15 players, please still include the bottom 10 players

(If Unified, use bottom 5 partners & 5 athletes)

### 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	Hitting	Fielding	Base Running	Game Awareness	Throwing	Communication	Catching	Total	Overall Rating
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
<b>Alternates:</b>										
1										
2										
3										

**Submit this form with your Entry Information for Spring Sectional**