Special Olympics Missouri

Basketball Rating Summary Roster Form

Team Name: _____ Agency Name: _____ Agency Number: _____

Head Coach: _____ Coach Email: _____ Coach Phone: _____

Agency Contact: _____ Agency Email: _____ Agency Phone: _____

Team Gender: M F **Age Group:** 8-15 Juniors 16-21 Seniors 22-39 Masters 40+ Senior-Masters

One athlete in a higher age group puts the entire team in that age group except Senior-Masters

Type of Team: 3-on-3 Modified Regulation Unified Unified-Modified Unified 3-on-3

Circle ALL that apply: Area Regional State

Summary of Individual Assessment

Please list player's in order from highest to lowest rating.

Name	Birth Date	Sex	Athlete/ Partner	Ball Handling	Passing	Movement	Game Awareness	Shooting	Rebounding	Overall Rating

Comments: (If you have an older player but do not feel they change your team's ability; If your team cannot travel on a certain date; etc.)

Total Team Average:

(Add all scores and divide by number of players; Regulation = 25+; Modified = 24-)