Special Olympics Missouri

Basketball Team Roster and Assessment

Team Name: _____ Agency Name: _____ Agency Number: _____
Head Coach: _____ Coach Email: _____ Coach Phone: _____
Agency Contact: _____ Agency Email: _____ Agency Phone: _____

Type of Team: 3-on-3 Modified Regulation Unified Unified-Modified Unified 3-on-3 **Circle ALL that apply:** Area Regional State

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*)

Summary of Individual Assessment

Please list players in order from highest to lowest rating.

Name	Birth Date	Sex	Athlete/ Partner	Ball Handling	Passing	Movement	Game Awareness	Shooting	Rebounding	Total Score

Comments: (i.e. - 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 = 21+; Modified = 20 or less)