Softball Assessment Team Score Form

Special Olympics Missouri

Team Name: _____ **Head Coach Name:** _____

Agency Number & Name: _____ **Head Coach Email:** _____

Agency Contact Name & Email: _____ **Head Coach Phone Number:** _____

Team Gender (circle one): Male or Female

Age Group (circle one): 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 in the Senior-Masters Age Group in which 80% of the players must be 40+)

Name	Birthdate	Sex (M/F)	Athlete / Partner (A/P)	Hitting	Fielding	Base Running	Game Awareness	Throwing	Pitching	Catching	Overall Score
Using scores from the Softball Skills Assessment Form for each player, please list players in order from highest to lowest rating										Avg Score =	