

Special Olympics Colorado BASKETBALL RATING SUMMARY FORM

Region: _____ Coach Day of Contact Number: _____

Team/Program: _____ Unified _____

Coach Name(s): _____ Traditional _____

Coach E-mail(s): _____ Wheelchair (3 v. 3) _____

Summary of Individual Assessment

Please list player's in alphabetical order

Athlete/Partner Name				Partner/Athlete	Gender	DOB	Overall Rating
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Alt 1							
Alt 2							

Do you plan on attending the state competition?	
Yes	No

Are you missing any key players?	
Yes	No

TEAM LEVEL <small>(circle or check one) Level 1 being the highest</small>	Level 1 <small>Highest</small>	Level 2	Level 3	Level 4 <small>Lowest</small>
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TEAM STRENGTH If you brought a team from this program to last year's competition, this year's team is:		
STRONGER	EQUAL	WEAKER