



**Special Olympics Colorado
SOCCER RATING SUMMARY FORM**

Region: _____ Day of Contact: _____

Team/Program: _____ Unified: _____

Coach Name(s): _____ Traditional: _____

Coach E-mail(s): _____

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
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Are you missing any key players?

Yes	No
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TEAM LEVEL (circle or check one) Level 1 being the highest	Level 1 (highest)	Level 2	Level 3	Level 4 (lowest)
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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
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SAMPLE