

**Special Olympics Colorado
SOFTBALL RATING SUMMARY FORM**

**Special
Olympics
Colorado**



Region: _____ Day of Contact: _____

Team/Program: _____ Unified _____

Coach Name(s): _____ Traditional _____

Coach E-mail(s): _____

| Athlete/Partner Name | Partner/ Athlete | Gender | DOB | Overall Rating |
|----------------------|---------------------|--------|-----|-------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| Alt. 1 | | | | |
| Alt. 2 | | | | |
| Bat Boy/Girl: | | | | |

Do you plan on attending the state competition?

| | |
|-----|----|
| Yes | No |
|-----|----|

Modified Softball Team?

| | |
|-----|----|
| Yes | No |
|-----|----|

Are you missing any key players?

| | |
|-----|----|
| Yes | No |
|-----|----|

SAMPLE

| | | | | |
|---|-------------------------------------|---------|---------|------------------------------------|
| 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> |
|---|-------------------------------------|---------|---------|------------------------------------|

TEAM STRENGTH If you brought a team from this program to last year's competition, this year's team is:

| | | |
|----------|-------|--------|
| STRONGER | EQUAL | WEAKER |
|----------|-------|--------|

Anything unique we should know about your team?

Name of your team fitness captain if applicable: