2006 Special Olympics Pennsylvaina
Basketball Rating Summary Form

Delegation: _____ **Team Name:** _____

Team Gender: _____ **Age Group:** _____

Total Team Rating: _____
(Add all scores and divide by number of players)

Top 5 Players: _____
(Add top 5 scores and divide by 5)

Bottom 5 Players: _____
(Add bottom 5 scores and divide by 5)

* Note: If roster is less than 10 players, please still include the bottom 5 players

Summary of Individual Assessment

Please list player's in order from highest to lowest rating.

Name	Jersey #	Athlete / Partner	Ball Handling	Passing	Movement	Game Awareness	Shooting	Rebounding	Total	Overall Rating

Bring the completed Team Summary and the Skills Assessment for each indivdual to the 2007 Spring Sectional Competition to be updated.