

SPECIAL OLYMPICS TEXAS

Softball Team Evaluation Questionnaire

Delegation Name: _____ Delegation ID: _____
Team Name: _____ Head Coach: _____

Softball Event Code: SBTEAM SBTMUN SBCHPH SBCOED SBSTEE

All questions pertain to your best 10 players. (There should be no answers greater than 10.)

PITCHING

- On average, your starting pitcher walks 0 1 2 3+ batters per inning. (Check one.)
- Check the furthest distance from which your pitcher can pitch: 40 ft. 45 ft. 50 ft.

DEFENSE

- Your pitcher is able to successfully field balls hit back towards the pitching area and make the play to first base 0% 25% 50% 75% 100% of the time. (Check the highest percentage.)
- Your first baseman consistently catches balls thrown within arms reach 0% 25% 50% 75% 100% of the time. (Check the highest percentage.)
- Which infielders will field a ground ball and throw to the appropriate base 50% of the time?
1B 2B SS 3B (Check each position which meets stated criteria.)
- Which outfielders will catch a fly ball hit within 3 steps of them either direction 50% of the time?
LF LC RC RF (Check each position which meets stated criteria.)

HITTING

How many hitters:

- Can make contact with the ball 50% of the time? _____
- Can hit the ball with enough force to get the ball out of the infield 50% of the time? _____
- Can hit the ball with enough force to get the ball past the outfielders 50% of the time? _____
- Can hit the ball in any direction they would like 50% of the time? _____

TEAM PLAY

- How many of your players understand and demonstrate the strategy of the game (which base to throw to, running bases aggressively, knowledge of the strike zone)? _____

DOMINANCE

- Do you have dominant player(s) on the team that can have a major impact on the success of your team in a game? _____

Player Name: _____ Jersey #: _____ Player Name: _____ Jersey #: _____
Player Name: _____ Jersey #: _____ Player Name: _____ Jersey #: _____

SUBS

- How many subs do you have? _____
- Does it make a significant difference in your team if you substitute 1 or 2 subs at the same time? _____

If yes, please explain. _____

OVERALL

- Is this the same team which played in last year's area? regional? and/or state? (Check all that apply.)
- Is this team: lower? higher? the same? _____

Please check only one box and explain. _____

- On a scale of 1-10, with a 1 being a level just above individual skills and 10 being just below an average Unified Sports team, please rank the ability level of your team. _____

Note: This sheet will be utilized for pre-classification, compared to the classification evaluations, and utilized throughout play as needed.