

SPECIAL OLYMPICS TEXAS
Softball Team Evaluation Questionnaire

Delegation Name: _____ Delegation ID: _____

Team Name: _____ Head Coach: _____

TEQ is for: Traditional Team Unified Team

All questions pertain to your starting 10 players. Please fill out the form completely.

PITCHING

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

DEFENSE

- Is your pitcher 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? (Circle the highest percentage)
- Can your first baseman consistently catch balls thrown within arms reach
0% 25% 50% 75% 100% of the time? (Circle the highest percentage)
- Which infielders will field a ground ball and throw to the appropriate base 50% of the time?
1B 2B SS 3B (Circle 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 (Circle 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

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

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