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.