

Basketball Team Evaluation Questionnaire

Special Olympics
Texas



Delegation Name	Delegation Code
Team Name	Head Coach
<input type="radio"/> Traditional 5-a-side <input type="radio"/> Unified 5-a-side <input type="radio"/> 3 on 3	
Does the team plan to press? <input type="radio"/> Yes <input type="radio"/> No	

All questions pertain to your best 5 players. (There should be no answers greater than 5.)

OFFENSE	NUMBER
How many players:	
Can dribble the ball up the court with token pressure (not attempting to steal ball)?	
Can dribble the ball up the court with aggressive defensive pressure (trying to steal the ball)?	
Can dribble the ball well enough to create their own shot?	
Can shoot the ball consistently by at least hitting the rim within 10 feet of the basketball 50% of the time?	
Can look over the court, find the open teammate and create a pass that will get to the player 50% of the time without pressure?	
Can shoot the ball consistently from outside of 15 feet by making the basket 33% of the time?	

DEFENSE	NUMBER
How many players:	
Will aggressively go after loose balls and passes made by opponents?	
Understand defense and either stay with their assigned player or cover their area of the zone defense?	
Will aggressively jump up and go after a rebound (both offensive and defensive rebounds)?	
Will see the court and help out a teammate who is going to be scored upon?	
Can cover a dominant opponent and keep them from scoring 50% of the time?	

DOMINANCE	NUMBER
How many dominant players (players who understand the game, anticipate where the ball will go, move aggressively for the ball and can dominate with their scoring) do you have in your starting five?	
Identify by name and jersey number if possible:	
Player Name: _____ Jersey #: _____	Player Name: _____ Jersey #: _____
Player Name: _____ Jersey #: _____	Player Name: _____ Jersey #: _____

SUBS	NUMBER
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? <input type="radio"/> No <input type="radio"/> Yes <i>If yes, please explain.</i>	

OVERALL	RANK
Is this the same team which played in last year's: <input type="radio"/> area? <input type="radio"/> regional? <input type="radio"/> state? <i>(Check all that apply)</i>	
Is this team: <input type="radio"/> lower? <input type="radio"/> higher? <input type="radio"/> the same? <i>Please check only one box and explain.</i>	
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.