**Special Olympics Alaska**
**Basketball Skills Assessment Test**
**Basketball Team**

Please submit electronically to:
emily@specialolympicsalaska.org

**HEAD COACH:** _____

**Assistant Coach:** _____

**Team Name:** _____

**Traditional or Unified:** _____

**Uniform Color:** _____

*Please identify Top 5 players on the team based on their on-court playing ability by placing a star next to their name.
**Pease total the "team score" by adding the highest 7 scores and dividing that total by seven.

**BSAT**

| | Last Name | First Name | | *Top 5 | Gender M/F | Age | Uniform # | | Dribbling | Perimeter Shooting | Final Score |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| | | | | | | | | Team Score Total | | **add 7 highest scores and divide by 7 | |
| Sub | | | | | | | | | | | |
| Sub | | | | | | | | | | | |
| Sub | | | | | | | | | | | |
| Sub | | | | | | | | | | | |