



## SPECIAL OLYMPICS ONTARIO DIVISIONING ASSESSMENT FORM FOR COACHES

Your Team Name: \_\_\_\_\_ Head Coach Name: \_\_\_\_\_

Divisioning Game #1:

Opposing Team Name: \_\_\_\_\_ Time of Divisioning Game: \_\_\_\_\_

Team Ranking: Your team is **Higher** **Similar** **Lower** than the opposing team.

If you answered “higher” or “lower” to the question above, please provide specific examples to support your assessment.

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Please provide information on how a specific player impacts their team positively or adversely (e.g., player #5’s shooting accuracy is very good; this athlete scored most of their points).

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Please provide information on the general playing ability of your opponent relative to your team (e.g., their team passing is weaker than ours).

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Divisioning Game #2:

Opposing Team Name: \_\_\_\_\_ Time of Divisioning Game: \_\_\_\_\_

Team Ranking: Your team is **Higher** **Similar** **Lower** than the opposing team.

If you answered “higher” or “lower” to the question above, please provide specific examples to support your assessment.

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Please provide information on how a specific player impacts their team positively or adversely (e.g., player #5’s shooting accuracy is very good; this athlete scored most of their points).

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Please provide information on the general playing ability of your opponent relative to your team (e.g., their team passing is weaker than ours).

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Compared to your team, please list the teams in this competition that you believe are of:

Similar Ability	Higher Ability	Lower Ability
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

Do you think your team's play during the divisioning round reflected its ability? Yes \_\_\_\_\_ No \_\_\_\_\_

**If no**, did your team play at a higher or lower level than they regularly play? Please explain.

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Do you think your team will continue to play at this level for the rest of the competition?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain. \_\_\_\_\_

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Please provide any additional information about your team that you think may be of use to the Divisioning Committee during their deliberations.

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**Signed by:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit this form to the competition host immediately after completion of the divisioning games for use by the Divisioning Committee during their deliberations.

**Decisions of the Divisioning Committee are considered final and are not open to protest.**