

Name: _____ Date: _____

How confident are you about completing these Baseball/Softball activities?

Based on your current injury or condition, please rate how well you believe you can complete each of these baseball activities.

Please circle the number that matches your answer for each baseball activity listed.

Staff Use Only Eval ID #	Not confident	Somewhat confident	Moderately confident	Very confident	Fully confident	Does not apply to me
Run out a single	1	2	3	4	5	9
Run out a double	1	2	3	4	5	9
Run out a triple	1	2	3	4	5	9
Run around the bases	1	2	3	4	5	9
Slide feet first	1	2	3	4	5	9
Slide head first	1	2	3	4	5	9
10 throws at 60 ft	1	2	3	4	5	9
10 throws at 90 ft	1	2	3	4	5	9
10 throws at 120 ft	1	2	3	4	5	9
Throw 25 pitches	1	2	3	4	5	9
Catch 10 fly balls	1	2	3	4	5	9
Field 10 ground balls	1	2	3	4	5	9
Catch 1 inning	1	2	3	4	5	9
10 swings off the tee	1	2	3	4	5	9
10 bunts	1	2	3	4	5	9
10 swings against live pitching	1	2	3	4	5	9