Team Name: _____ **Team Number:** _____

Check all boxes that apply for a team's performance in a match.

Match Number	1	2	3	4	5	6	7	8	9	10	11
Autonomous Mode											
Corner Goal Scoring											
Center Goal Scoring											
Defense											
Camera Used											
Offense											
Center Goal Scoring											
Corner Goal Scoring											
Collect Off Field											
Human Loading											
Defense											
Back 'Bot											
Collect off Floor											
Human Loading											
Defense											
Ramming											
Free for All											
Defense											
Corner Goal Scoring											
Center Goal Scoring											
Ramp											
Others: Rate out of 10 per match.											
Driver Skill											
Accuracy											
Reliability											