

# STARTT Pitching

## PITCHING SKILLS I- EXAM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I Exam Subject	I Need		Important		Issue		Impact		If Yes, Why?	Trigger	
	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Pitching Mechanics	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Fastball	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Change-up	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Curveball	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Slider	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Split/Fork	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Other	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Poise/Mental Toughness	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Fielding Bunts	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Covering 1st	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Backing Up Bases	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Holding Runners On	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Pick-Off Moves	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Pitchouts	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Pre-Season Strength and Conditioning Program	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Pre-Season Throwing Program	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
In-Season Strength and Conditioning Program	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
In-Season Throwing Program	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Pre-Game Routine	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Pre-Pitch Routine	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Post Game Routine	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Post Season Strength and Conditioning Program	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
Post Season Throwing Program	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg
	Yes	No	Yes	No	Yes	No	Yes	No		Pos	Neg

