

Fellowship Academy Volleyball Tryout Evaluation Form

Name: _____ ☐ RIGHT-HANDED ☐ LEFT-HANDED

Birthdate: _____ Age: _____ Grade: _____

Tryout for:

☐ **Setter** ☐ **Outside-Hitter** ☐ **Middle-Hitter** ☐ **Right-Side Hitter** ☐ **Defensive Specialist** ☐ **Libero**

At the end of volleyball tryouts, cuts are possible at every level (Varsity, JV, and Junior High). Each girl will be assigned a number during tryouts. The day following tryouts, the teams will be posted on the front doors of Fellowship Academy at 9:00 am. Numbers will be listed—not names of the girls. The coaches are not to be approached during or after practices or games concerning tryouts or amount of playing time during games. If you would like to speak with a coach or athletic director, please do so by email. It is encouraged to wait 24 hours after tryouts before sending email.

Athlete Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Please return form the first day of tryouts. You will be evaluated on the skills below. This evaluation is a tool for the coach.

DO NOT WRITE BELOW THIS LINE

Skill	Rating Scale 5 is highest	Cue check if skills need to be improved, developed, or managed
Serve	1 2 3 4 5	<input type="checkbox"/> Toes Point <input type="checkbox"/> Quarterback Arm <input type="checkbox"/> Toss Away <input type="checkbox"/> Step toward <input type="checkbox"/> Big Hand <input type="checkbox"/> Elbow high <input type="checkbox"/> Follow through
Pass/Bump	1 2 3 4 5	<input type="checkbox"/> Wide Base <input type="checkbox"/> Move under <input type="checkbox"/> Communicate <input type="checkbox"/> Platform out <input type="checkbox"/> Platform drop <input type="checkbox"/> Target Hip Turn <input type="checkbox"/> Freeze
Set	1 2 3 4 5	<input type="checkbox"/> Under ball <input type="checkbox"/> Right foot forward <input type="checkbox"/> Square up <input type="checkbox"/> Hands high <input type="checkbox"/> Jump to Target <input type="checkbox"/> Extension <input type="checkbox"/> Communicate
Attack/Hit	1 2 3 4 5	<input type="checkbox"/> Ready <input type="checkbox"/> Timing <input type="checkbox"/> Left-Right-Left Jump <input type="checkbox"/> Bow & Arrow <input type="checkbox"/> SNAP through to target <input type="checkbox"/> Land on 2 feet <input type="checkbox"/> Communicate
Block	1 2 3 4 5	<input type="checkbox"/> Hand high <input type="checkbox"/> Leg flexed <input type="checkbox"/> Shuffle <input type="checkbox"/> Crossover <input type="checkbox"/> Front hitter <input type="checkbox"/> Hands Penetrate <input type="checkbox"/> Communicate <input type="checkbox"/> Close block
Dig	1 2 3 4 5	<input type="checkbox"/> Low posture <input type="checkbox"/> Pursue ball <input type="checkbox"/> Platform to target <input type="checkbox"/> Stopped <input type="checkbox"/> Stay on feet <input type="checkbox"/> Floor Skills(rolls, sprawls and dives) <input type="checkbox"/> Communicate
Movement/ Footwork	1 2 3 4 5	<input type="checkbox"/> Sides <input type="checkbox"/> Forward <input type="checkbox"/> Backward <input type="checkbox"/> Shuffle <input type="checkbox"/> Crossover <input type="checkbox"/> Spiking approach <input type="checkbox"/> Reaction <input type="checkbox"/> Retract <input type="checkbox"/> Transition
Attitude!	1 2 3 4 5	<input type="checkbox"/> Always ready <input type="checkbox"/> Intensity <input type="checkbox"/> High energy <input type="checkbox"/> Confidence <input type="checkbox"/> Initiative <input type="checkbox"/> Effort <input type="checkbox"/> Positive and Supportive
Leadership	1 2 3 4 5	<input type="checkbox"/> Acknowledge others <input type="checkbox"/> Bringing the team together <input type="checkbox"/> Team leadership <input type="checkbox"/> Collective responsibility in team solutions with challenges (on and off court)
Follow Direction	1 2 3 4 5	<input type="checkbox"/> Eye Contact <input type="checkbox"/> Knowledge <input type="checkbox"/> Understand <input type="checkbox"/> Ask Questions <input type="checkbox"/> Always ready <input type="checkbox"/> Focus <input type="checkbox"/> Easily Distract
Coachable	1 2 3 4 5	<input type="checkbox"/> Need Work <input type="checkbox"/> Good <input type="checkbox"/> Great <input type="checkbox"/> Outstanding <input type="checkbox"/> Look across the net <input type="checkbox"/> Problem Solver
Shagging	1 2 3 4 5	<input type="checkbox"/> Not responsible <input type="checkbox"/> Good <input type="checkbox"/> Great <input type="checkbox"/> Team player

Note/Recommendations: