

Rock Lake 2015 Volleyball Try Out Evaluation Form

Name: _____ Tryout #: _____

Are you right or left handed? _____ Height: _____ Age: _____

Tryout for: S OH MH RS DS Played (School/Club): _____

Parent Name: _____

Email: _____@_____.com Phone #: _____

DO NOT WRITE BELOW THIS LINE

Push-Up	Jump Rope	PACER

Skill	Rating Scale 5 is highest	Coach's Notes
Serve	1 2 3 4 5	
Pass	1 2 3 4 5	
Set	1 2 3 4 5	
Attack	1 2 3 4 5	
Block	1 2 3 4 5	
Movement/ Footwork	1 2 3 4 5	
Attitude!	1 2 3 4 5	
Leadership	1 2 3 4 5	
Follow Direction	1 2 3 4 5	
Coachable	1 2 3 4 5	
Shagging	1 2 3 4 5	