

Shock Volleyball Tryout 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: _____

Phone #: _____

DO NOT WRITE BELOW THIS LINE

Skill	Rating (1-5)	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	