Synergy Volleyball Club Tryout Evaluation Form

Name_____ Tryout#_____

Are you right or left handed? _____ Height_____ Age _____

Tryout Position:_____ School Team Position:_____

Parent Name_____

Email_____ Phone#_____

Skill	Rating 5 is highest	Coaches 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	
Sportsmanship	1 2 3 4 5	
Follow Direction	1 2 3 4 5	
Coachable	1 2 3 4 5	
Shagging	1 2 3 4 5	