Volleyball Team Evaluation Questionnaire

Delegation Name: Delegation Code: 
Team Name: Head Coach: 
- Traditional Team  - Unified Team

All questions pertain to your best 6 players. (There should be no answers greater than 6.)

**SERVING**

**How many players:**
- Must use a modified service line to get the ball over the net?
- How many can get the ball over the net 50% of the time from the modified service line?
- Can serve over the net from the baseline 50% of the time?
- Can serve over hand?
- Can serve to a designated spot on the court 2 out of 3 times?

**RECEIVING**

**How many players:**
- Can receive a serve and keep the ball in play 50% of the time?
- Can return a serve with a single hit 50% of the time?
- Will move to hit a ball close to them (with in a step)?
- Cover their responsible area (within 3 or 5 steps)?
- Will move to defense teammates’ area (outside of own area)?
- Will move anywhere on the court to try and save a bad hit from a teammate?

**VOLLEYING AND PLAYING**

As a whole, team usually hits the ball back with:  - Single hit  - Multiple hits  *(Check only one)*

As a whole, team follows VB rules with how many prompts?  - None  - Occasional  - Many  - Constant  *(Check only one)*

**How many players:**
- Can block at the net?
- Can pass to others on the team?
- Can set (for spiking) to others on the team?
- Can spike (floor or jump)?
- Are aware of game and action around them? (e.g., the net, out of bounds, rotating, can anticipate next hit)

**DOMINANCE**

Do you have dominant players on the team that can have a major impact on the success of your team in a game?  - Yes  - No

Identify by name and jersey number if possible:
- Player Name: ___________________________  Jersey #: _____  Player Name: ___________________________  Jersey #: _____
- Player Name: ___________________________  Jersey #: _____  Player Name: ___________________________  Jersey #: _____

**SUBS**

How many subs do you have?

Does it make a significant difference in your team if you substitute 1 or 2 subs at the same time?  - No  - Yes  *If yes, please explain.*

**OVERALL**

Is this the same team which played in last year’s:  - area?  - regional?  - state?  *(Check all that apply)*

Is this team:  - lower?  - higher?  - the same?  *Please check only one box and explain.*

On a scale of 1-10, with a 1 being a level just above individual skills and 10 being just below an average Unified Sports team, please rank the ability level of your team.