SPECIAL OLYMPICS TEXAS
Volleyball Team Evaluation Questionnaire

Delegation Name: ______________________  Delegation ID: _______________________
Team Name: __________________________  Head Coach: _________________________

TEQ is for:  ⊗ Traditional Team  ⊗ Unified Team

Questions pertain to your starting 6 players. Please fill out form completely.

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 overhand? _______
  • 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 (within a step)? _______
  • Cover their responsible area (within 3 to 5 steps)? _______
  • Will move to defend teammates’ area (outside of their 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  OR  Multiple hits  (circle one)
  • As a whole, team follows VB rules with:
    No prompts  Occasional prompts  Many prompts  Constant prompts  (circle one)
  • How many players:
    o Can block at the net? _______
    o Can pass to others on the team? _______
    o Can set (for spiking) to others on the team? _______
    o Can spike (floor or jump)? _______
    o Area aware of game and action around them? (i.e.; the net, out of bounds, rotating, can anticipate next hit) _______

DOMINANCE
Do you have dominant player(s) on the team that can have a major impact on the success of your team in a game? ______
  Identify by name and jersey number below.
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? ______
  • If yes, please explain.______________________________________________________________________________

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

Note: This sheet will be utilized for pre-classification, compared to the classification evaluation, and utilized throughout play as needed.