

## Beast Athletics Volleyball 2024-2025 Season Tryout Evaluation Form

Athlete Name: \_\_\_\_\_ Tryout #: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

L or R Handed: \_\_\_\_\_ Interest:    Local            Regional            National

Position(s):    S        OH        M        RS        DS                      Previous Experience: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Best Contact Form:    Phone            Email

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**DO NOT WRITE BELOW THIS LINE**  
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Skill	Rating Scale (5 is highest)	Coach's Notes
Serving	1   2   3   4   5	
Passing	1   2   3   4   5	
Setting	1   2   3   4   5	
Hitting	1   2   3   4   5	
Blocking	1   2   3   4   5	
Movement / Footwork	1   2   3   4   5	
Attitude	1   2   3   4   5	
Hustle	1   2   3   4   5	
Coachable	1   2   3   4   5	
Leadership	1   2   3   4   5	