

ZIVA Evaluation Form

Name: _____ RIGHT or Left hand Ht. _____ Wt. _____

Birthdate: _____ Age: _____ School: _____ Grade _____

Tryout for: S OH MH RS DS Email _____ Phone # _____

Played(School/Club): _____ Tryout Number: _____

DO NOT WRITE BELOW THIS LINE

Physical Test

Speed/Agility 1 (Shuffle)	Speed/Agility 2 (Sprint)	Vertical Jump	1st	2nd	3rd
1.) 2.)	1.) 2.)				

Skill	Rating Scale 5 is highest	Cue If check skills need to be improved, developed, or managed
Serve	1 2 3 4 5	<input type="checkbox"/> Step First <input type="checkbox"/> 1 (Elbow High) <input type="checkbox"/> 2 (Elbow High) <input type="checkbox"/> 3 (Follow Through) <input type="checkbox"/> Big Hand <input type="checkbox"/> Toss <input type="checkbox"/> Ball Contact <input type="checkbox"/> Float <input type="checkbox"/>
Passing/Ball Control	1 2 3 4 5	<input type="checkbox"/> Shoulder Width Base <input type="checkbox"/> Platform <input type="checkbox"/> Platform Hold <input type="checkbox"/> Angles <input type="checkbox"/> Chest Forward <input type="checkbox"/> Step <input type="checkbox"/> Communicate <input type="checkbox"/> Contact Low <input type="checkbox"/> Mvmnt Forward Through Ball <input type="checkbox"/> Shuffle To Ball
Setting	1 2 3 4 5	<input type="checkbox"/> Loaded Base <input type="checkbox"/> Right Foot Step <input type="checkbox"/> Full Ext Finish <input type="checkbox"/> Hands <input type="checkbox"/> Forehead Contact <input type="checkbox"/> Finish Flat <input type="checkbox"/> Communicate <input type="checkbox"/>
Arm Swing	1 2 3 4 5	<input type="checkbox"/> 3 Step Approach <input type="checkbox"/> Arm swing <input type="checkbox"/> 3 Quarter Turn <input type="checkbox"/> Control <input type="checkbox"/> Transition Footwork <input type="checkbox"/> Timing <input type="checkbox"/> Out In-Front Contact <input type="checkbox"/> Communicate <input type="checkbox"/>
Blocking	1 2 3 4 5	<input type="checkbox"/> Loaded Base <input type="checkbox"/> Arms & Hands Ready <input type="checkbox"/> Body Control on Jump <input type="checkbox"/> Big Hands <input type="checkbox"/> Over net/Penetration <input type="checkbox"/> Footwork (Side/Side) <input type="checkbox"/> Tight Shoulders <input type="checkbox"/> Communicate <input type="checkbox"/>
Digging	1 2 3 4 5	<input type="checkbox"/> Stopped <input type="checkbox"/> Step <input type="checkbox"/> Platform Angle To Target <input type="checkbox"/> Mvmnt Forward <input type="checkbox"/> Stay Low <input type="checkbox"/> Floor Skills(barrel rolls/dives) <input type="checkbox"/> Communicate <input type="checkbox"/> Reading <input type="checkbox"/>
Attitude/Leadership	1 2 3 4 5	<input type="checkbox"/> Intensity <input type="checkbox"/> High energy <input type="checkbox"/> Confidence <input type="checkbox"/> Initiative <input type="checkbox"/> Effort <input type="checkbox"/> Acknowledge others <input type="checkbox"/> Bringing the team together <input type="checkbox"/> Leads By Example <input type="checkbox"/> Self Accountability <input type="checkbox"/> Positive Reaction to Teammates
Follow Direction/Coachable	1 2 3 4 5	<input type="checkbox"/> Knowledge of Game <input type="checkbox"/> Understand Direction <input type="checkbox"/> Always Ready <input type="checkbox"/> Focus <input type="checkbox"/> Makes Corrections <input type="checkbox"/> Attitude With Feedback <input type="checkbox"/>

Note:

Recommendations: