

Skill Assessment for 2.0 Players

Name: _____ Self-Rating: _____ Date: _____

Email: _____ Cell Phone: _____ #Games Observed: _____

Weather Conditions: _____

To be filled out by the Rating Team:

2.0 Skill Level

	0	1	2	3
Minimal understanding of the basic rules of the game i.e. 2 bounce rule				
Knows how to keep score				
Demonstrates a forehand				
Demonstrates a backhand				
Demonstrates a volley				
Accurately places serve into the correct square				
Knows where to stand when serving and returning serve				
Has good mobility *moving in a safe and balanced manner*				
Has good quickness *				
Has good hand-eye coordination *				

Server Requirement –4 out of 10 (40%)		
	YES	NO
Service Good		
Service Foot Fault		

Volley Requirement – 4 out of 10 (40%)		
	YES	NO
Good Forehand		
Good Backhand		
Non-Volley Zone foot faults		

Server Return Requirement – 4 out of 10 (40%)		
	YES	NO
Good Forehand		
Good Backhand		

*- If a person cannot move quickly enough due to physical restrictions, then the rating will be reduced according to the physical limitations as related to playing the game.

Rater's Sign: _____ Actual Skill Level: _____ Player's Sign: _____

Ledger: 0 = Not observed or not able to execute, 1 = attempted but very poorly executed/needs work, 2 = good basic form, but needs work, 3 = solid, consistent performance