

Volleyball / Beach Volleyball Level 2 Coach Accreditation Program
Practical Assessment Activities: Training Session Coaching Assessment



Name: _____ Phone Number: _____

Email: _____ State: _____ Postcode: _____

Assessment Checklist

Assessment Criteria	Comments	Assessment (delete one)
The coaching session was delivered in a manner compliant with the VA Coach's Code of Behaviour		Competent Not Yet Competent
The coaching session appeared to have been planned and was appropriately structured.		Competent Not Yet Competent
Communication, including non-verbal communication, was appropriately delivered, and received in an effective manner.		Competent Not Yet Competent
Technical drills followed the principles of training and appropriate to the development level of the team and/or athletes		Competent Not Yet Competent
Tactical drills followed the principles of training and appropriate to the development level of the team and/or athletes		Competent Not Yet Competent
Activities progressed with challenges, or regressed to adapt to need of the team or athletes		Competent Not Yet Competent
Feedback is relevant and specific to team or athlete's development and delivered appropriately		Competent Not Yet Competent
Recognise the 'coachable moment' and use it appropriately when the skill is correctly or incorrectly performed.		Competent Not Yet Competent
Resources including staff, athletes and training aids were used effectively		Competent Not Yet Competent
The session was conducted with the physical well-being, health and safety of the athletes duly considered		Competent Not Yet Competent
Seek feedback from players and others and use self-reflection techniques to evaluate the training session.		Competent Not Yet Competent

Result: (Must be assessed 'Competent' in all criteria to achieve 'Competency' for this Practical Assessment Activity):

Candidate has achieved competency

Candidate is not yet competent: re-assessment required

Reasons for an assessment of 'Not Competent' on any criteria must be written in the 'Comments' section beside the specific criteria.

Name of Assessor: _____

Signature of Assessor: _____ Date: _____