



Regional Volleyball Association Scorer Rating Sheet

To Be Filled Out By Candidate

Date: _____

Name: _____

Club/Team Name: _____

Date of Birth: ____/____/____
MM DD YYYYRating for: Junior Adult Provisional Regional (Must be Prov for 1 yr.)

To Be Filled Out By Rater

Tournament: _____ Location: _____

Division: Women Men Co-ed

Teams: _____

Category: Junior Adult

_____ v.s. _____

Level: Age Group AA A BB B
(fill in age)

____ Observed candidate before, during and after each set

____ If no subs occurred, discussed procedure of recording and handling

____ Scoresheets examined and discussed with candidate after match

____ If no 3rd set sheet used, discussed how it differs

Rating Entries: + Above Average ✓ Average - Needs Improvement

Pre-Set Procedures

- ____ Records heading information before match starts in all caps (both scoresheets if applicable)
- ____ Complete OFFICIALS section before match starts (both scoresheets if applicable)
- ____ Records line-ups correctly

- ____ Enters set number (if applicable)
- ____ Places 3 Xs in S, R and the receiving team's
- ____ Confirms line-ups on floor prior to first serve
- ____ Records set start time
- ____ Communicates well with referees

During-Set Procedures

- ____ Checks for correct server - each serve
- ____ Time-outs recorded and signaled
- ____ Subs recorded including "Score at Change"

- ____ Understands referee signals
- ____ Recovers promptly from errors
- ____ Records sanctions and comments accurately

Post-Set Procedures

- ____ Records set end time
- ____ Correctly records set point and circles final exit scores
- ____ Completes Results section accurately

- ____ T-bar unused points
- ____ Checks then signs each scoresheet
- ____ Confirms signatures from captains/coaches and R1

Deciding-Set Procedures

- ____ Records starting line-ups on left and far right
- ____ Records Substitutions and Time-Outs on left and far right

- ____ Records change of sides properly

Rater's Notes

Rater's Scorer Certification Level:

 National Regional

Recommendation:

 Certify
 Re-evaluateR
A
T
E
R

Print Name____
Signature____
Candidate Signature**CANDIDATE must send this form to the Region Scorer Chair**

Mail to: