## Appendix G -Match Coaching Assessment Forms for Level 2 Accreditation

**Volleyball / Beach Volleyball Level 2 Coach Accreditation Program**

**Practical Assessment Activities: Match Coaching Assessment**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_**

**Assessment Checklist**

|  |  |  |
| --- | --- | --- |
| **Assessment Criteria** | **Comments** | **Assessment***(delete one)* |
| Match management was delivered in a manner compliant with the Coach’s Code of Behaviour |  | CompetentNot Yet Competent |
| Game strategy is relevant to the team’s strengths and weakness |  | CompetentNot Yet Competent |
| Game strategies are communicated effectively to the team prior to the match  |  | CompetentNot Yet Competent |
| The pre-match protocols were conducted appropriately |  | CompetentNot Yet Competent |
| The team warm-up and recovery were appropriately structured |  | CompetentNot Yet Competent |
| Able to analyse the match situation and identify the team and/or individual’s areas of improvement |  | CompetentNot Yet Competent |
| Communication, including non-verbal communication, was appropriate and delivered in an effective manner. |  | CompetentNot Yet Competent |
| The match strategies implemented were appropriate to maintaining the physical well-being, health and safety of the athletes. |  | CompetentNot Yet Competent |
| Seek feedback from players and others and use self-reflection techniques to evaluate the match. |  | CompetentNot 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_