

Appendix 8

ASSESSMENT TASK 2 – PRACTICAL ASSESSMENT

This assessment task will assess (in full or in part) the following units:

- Spiking 3
- Service Reception 3
- Blocking 3
- Offensive Systems
- The Essential Rules of Beach and Indoor Volleyball
- Developing Volleyball Training Plans
- Coaching the Game 3
- Setting 3
- Serving 3
- Defence 3
- Defensive Systems
- Physical Development in Volleyball
- Volleyball Recovery Systems

Plan and conduct a training session for your team.

The training session will include:

- technical drills designed to train at least one of the essential volleyball technical elements (spiking, setting, service reception, serving, blocking, defence).
- tactical drills/ game situations designed to train an offensive and a defensive system
- an extended period of game play
- appropriate conditioning and recovery components

An assessor (third party) is required to attend and monitor a training session (or sessions) conducted by you the coach with your team. See below for the checklist that will be used for each candidate.

The assessment will look at the following areas;

- i) Communication
The assessment will identify whether the coach can communicate in an effective manner commensurate with the learning capacity of the athletes.
- ii) Technical Expertise
The assessment will identify whether the coach has technical expertise to the standard of an Elite Coach and can use that expertise to improve the technical and tactical capabilities of the team and individual players in the team.
- iii) Session structure
The assessment will identify whether the coach is competent in providing adequate structure to the session to work towards a given session outcome.

An assessment pro-forma will be provided to the mentor and coach, identifying the level of competency required for each area.

Appendix 9

ASSESSMENT TASK 2 PRO FORMA

Name of candidate: _____

Organisation/club: _____

Contact Nos.: _____ (phone)

_____ (email)

Assessor(s) names: _____

Assessment Task 2

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- Volleyball Recovery Systems

ASSESSMENT CHECKLIST

Assessment Criteria	Comments	Demonstrates competency	Not yet competent - re-submit
The information / instruction was imparted to the athletes in a clear and concise manner			
Appropriate interventions occurred to assist the players in the advancement of each skill			
Feedback was given to most athletes. The feedback was constructive and accurate and delivered in a positive manner			
Technical drill 1 followed the principles of skill learning and where appropriate to the level of the athletes			
Technical drill 2 (if applicable) followed the principles of skill learning and where appropriate to the level of the athletes			
Technical drill 3 (if applicable) followed the principles of skill learning and where appropriate to the level of the athletes			
Tactical drill 1 followed the principles of training, particularly the principle of specificity, and was/where appropriate to the level of the athletes			
Tactical drill 2 (if applicable) followed the principles of training, particularly the			

principle of specificity, and was/where appropriate to the level of the athletes			
Conditioning drill(s) addressed volleyball specific conditioning requirements			
Specific volleyball conditioning was addressed through appropriate work and rest intervals during technical and tactical training			
Analysis of the coach in game play.			
The training session followed the rules of volleyball			
The session was conducted with the health and safety of the players in mind			
The teams' strategic strength was identified & capitalised on through correct team placement and appropriate coach intervention			
An appropriate recovery strategy(s) was conducted			

Result:

- Candidate has achieved competency
- Candidate is not yet competent - re-submit

Reasons for decision:

Candidate signature

Assessor signature

Appendix 16 – Coaching Practice Log Sheet

**Coaching Practice Verification Log Sheet
(For Level 3 Volleyball / Beach Volleyball Coach Candidates)**



Name: _____

Address: _____

State & Postcode: _____ Phone Number: _____

Record of Coaching Practice

	Date (dd/mm/yy)	Coaching Experience (team, grade, etc)	Assessor (if applicable)	Verification (by signature)
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I, _____, confirm that I have completed the coaching practice listed above.

Signature: _____

Date: _____