



Athlete _____

Date _____

✓ Good ○ Needs Attention

FULL HAND	Grip	Coordination / Timing Smoothness Control	<input type="checkbox"/> Exceeds Expectations
	Pattern		<input type="checkbox"/> Meets Expectations
	Plane		<input type="checkbox"/> Developing
	Direction		<input type="checkbox"/> Not Yet
CONTACT	Grip	Coordination / Timing Smoothness Control	<input type="checkbox"/> Exceeds Expectations
	Pattern		<input type="checkbox"/> Meets Expectations
	Plane		<input type="checkbox"/> Developing
	Direction		<input type="checkbox"/> Not Yet
ROLLS	Grip	Coordination / Timing Smoothness Control Tracking / Rolling Action	<input type="checkbox"/> Exceeds Expectations
	Pattern		<input type="checkbox"/> Meets Expectations
	Plane		<input type="checkbox"/> Developing
	Direction		<input type="checkbox"/> Not Yet
AERIALS	Grip	Coordination / Timing Smoothness Control Placement	<input type="checkbox"/> Exceeds Expectations
	Pattern		<input type="checkbox"/> Meets Expectations
	Plane		<input type="checkbox"/> Developing
	Direction		<input type="checkbox"/> Not Yet
BODY TECHNIQUE	Clarity	Body Lines Flexibility Strength Balance	<input type="checkbox"/> Exceeds Expectations
	Control		<input type="checkbox"/> Meets Expectations
	Posture		<input type="checkbox"/> Developing
	Alignment		<input type="checkbox"/> Not Yet
PERFORMANCE	Confidence	Appearance Consistency Proficiency	<input type="checkbox"/> Exceeds Expectations
	Start / End Position		<input type="checkbox"/> Meets Expectations
	Professionalism		<input type="checkbox"/> Developing
			<input type="checkbox"/> Not Yet

Overall Comments

Drops										
Breaks/Slips										
Off Pattern										
Loss of Balance										
Retry Element										

Final Grade

Adjudicator