



Athlete _____

Date _____

✓ Good ○ Needs Attention

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

Overall Comments

Drops										
Breaks/Slips										
Off Pattern										
Loss of Balance										
Retry Element										

Final Grade

Adjudicator