



Athlete _____

Date _____

✓ Good ○ Needs Attention

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

Overall Comments

Drops									
Breaks/Slips									
Off Pattern									
Loss of Balance									
Retry Element									

Final Grade

Adjudicator