



Athlete _____

Date _____

✓ Good ○ Needs Attention

<p>CONTACT</p> <p>#1 - RH V Finger Twirl Series #2 - LH V Finger Twirl Series #3 - RH H Finger Twirls Series #4 - LH H Finger Twirls Series</p>	<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>
<p>ROLLS</p> <p>#5 - RH Fishtails #6 - LH Fishtails #7 - Double Elbow Roll</p>	<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>
<p>AERIALS</p> <p>#9 -RH V Thumb Toss, Catch LH #10 - LH V Backhand Toss, Catch RH Backhand #13 - H Toss, RH Grab Catch</p>	<p>Grip Pattern Plane Direction</p>	<p>Coordination / Timing Smoothness Control Placement</p>	<p><input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Developing <input type="checkbox"/> Not Yet</p>
<p>BODY TECHNIQUE</p>	<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>
<p>PERFORMANCE</p>	<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**