

NAME: _____

OVERALL SCORE: _____

5=Exemplary 4=Good, 3=Basic, 2=Developing, 1=Lacking, 0=Did not attempt

Skill	Score	Strong Elements	Needs Improvement	Comments
Motion Placement	5	<input type="checkbox"/> correct placement <input type="checkbox"/> wrists straight <input type="checkbox"/> straight arms	<input type="checkbox"/> placement incorrect <input type="checkbox"/> bent wrists <input type="checkbox"/> bent arms	
Sharpness	5	<input type="checkbox"/> motions punch <input type="checkbox"/> motions stick and hold	<input type="checkbox"/> motions place <input type="checkbox"/> motions bounce	
Double Toe	5	<input type="checkbox"/> pointed toes <input type="checkbox"/> straight legs <input type="checkbox"/> sticks landing <input type="checkbox"/> feet together <input type="checkbox"/> legs at/above horiz <input type="checkbox"/> arm placement <input type="checkbox"/> strong technique	<input type="checkbox"/> toes not pt'ed <input type="checkbox"/> bent legs <input type="checkbox"/> wobbly landing <input type="checkbox"/> feet apart <input type="checkbox"/> legs not horiz <input type="checkbox"/> arms not placed <input type="checkbox"/> weak technique	
Pike	5	<input type="checkbox"/> pointed toes <input type="checkbox"/> straight legs <input type="checkbox"/> sticks landing <input type="checkbox"/> feet together <input type="checkbox"/> legs at/above horiz <input type="checkbox"/> arm placement <input type="checkbox"/> strong technique	<input type="checkbox"/> toes not pt'ed <input type="checkbox"/> bent legs <input type="checkbox"/> wobbly landing <input type="checkbox"/> feet apart <input type="checkbox"/> legs not horiz <input type="checkbox"/> arms not placed <input type="checkbox"/> weak technique	
Standing Tumbling	5	<input type="checkbox"/> pointed toes <input type="checkbox"/> straight legs <input type="checkbox"/> sticks landing <input type="checkbox"/> legs together <input type="checkbox"/> pops off floor	<input type="checkbox"/> toes not pt'ed <input type="checkbox"/> bent legs <input type="checkbox"/> wobbly landing <input type="checkbox"/> legs apart <input type="checkbox"/> doesn't pop off floor	
Running Tumbling	5	<input type="checkbox"/> pointed toes <input type="checkbox"/> straight legs <input type="checkbox"/> sticks landing <input type="checkbox"/> legs together <input type="checkbox"/> pops off floor	<input type="checkbox"/> toes not pt'ed <input type="checkbox"/> bent legs <input type="checkbox"/> wobbly landing <input type="checkbox"/> legs apart <input type="checkbox"/> doesn't pop off floor	

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Voice Projection	5	<input type="checkbox"/> loud voice <input type="checkbox"/> good expression <input type="checkbox"/> strong	<input type="checkbox"/> quiet voice <input type="checkbox"/> no expression <input type="checkbox"/> too high/too low <input type="checkbox"/> Sings	
Energy/Showmanship	5	<input type="checkbox"/> natural look <input type="checkbox"/> enthusiastic <input type="checkbox"/> fun to watch <input type="checkbox"/> good eye contact <input type="checkbox"/> invites crowd to cheer	<input type="checkbox"/> overdone facials <input type="checkbox"/> lacks enthusiasm <input type="checkbox"/> uninterested <input type="checkbox"/> no eye contact <input type="checkbox"/> hesitant to initiate crowd	
Timing	5	<input type="checkbox"/> on beat <input type="checkbox"/> keeps time	<input type="checkbox"/> off beat <input type="checkbox"/> loses time	
Knowledge of material	5	<input type="checkbox"/> fluid motions <input type="checkbox"/> recalls easily	<input type="checkbox"/> stops and starts <input type="checkbox"/> forgot motions/parts	
Overall Impression	5	<input type="checkbox"/> strong	<input type="checkbox"/> weak	
TOTAL				

****WARNING:** By signing below, the cheerleader and his/her parent/guardian(s) agree that none of the scores nor comments above guarantee ANY TEAM PLACEMENT in August.

Cheerleader Signature _____

Parent/Guardian Signature _____