

# Girl's Beginner Evaluations

<b>Name:</b>											<b>Day:</b>						
<b>Coach:</b>											<b>Time:</b>						
											<b>Date:</b>						
<b>Flexibility</b>						<b>Vault</b>						<b>Floor</b>					
1. Straddle, belly down	<input type="checkbox"/>	1. Handstand flat back	<input type="checkbox"/>	1. Forward roll	<input type="checkbox"/>												
2. Pike	<input type="checkbox"/>	2. Running technique	<input type="checkbox"/>	2. Backward roll	<input type="checkbox"/>												
3. Right split	<input type="checkbox"/>	3. Arm circle	<input type="checkbox"/>	3. Handstand	<input type="checkbox"/>												
4. Left split	<input type="checkbox"/>	4. Straight jump vault	<input type="checkbox"/>	4. Cartwheel	<input type="checkbox"/>												
5. Middle split	<input type="checkbox"/>	5. Handstand flat back vault	<input type="checkbox"/>	5. Bridge kick over	<input type="checkbox"/>												
6. Bridge	<input type="checkbox"/>							6. 1/2 turn	<input type="checkbox"/>								
												7. Leap	<input type="checkbox"/>				
<b>Strength</b>						<b>Bars</b>						<b>GRADING KEY</b>					
1. 30 sec jumping jacks	<input type="checkbox"/>	1. Glide Swings	<input type="checkbox"/>	Does not know skill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2. 10 push ups	<input type="checkbox"/>	2. Chin up hold	<input type="checkbox"/>	Skills with errors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3. 10 sit ups	<input type="checkbox"/>	3. Chin up pull over	<input type="checkbox"/>	Completed skill	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4. 10 leg lifts	<input type="checkbox"/>	4. Front support hold	<input type="checkbox"/>	Mastered skill	<input checked="" type="checkbox"/>												
5. Rope	<input type="checkbox"/>	5. 3 casts (hips off bar)	<input type="checkbox"/>														
						6. Back hip circle	<input type="checkbox"/>	<b>AVERAGE SCORES</b>									
<b>Trampoline</b>						<b>Beam</b>						Flexibility:	1	2	3	4	
1. Straddle jump	<input type="checkbox"/>	1. Proper mount	<input type="checkbox"/>	Strength:	1	2	3	4									
2. Split jump	<input type="checkbox"/>	2. Straight jump	<input type="checkbox"/>	Trampoline:	1	2	3	4									
3. Seat drop	<input type="checkbox"/>	3. Pivot turn	<input type="checkbox"/>	Vault:	1	2	3	4									
4. Knee drop	<input type="checkbox"/>	4. Lever	<input type="checkbox"/>	Bars:	1	2	3	4									
5. Doggy drop	<input type="checkbox"/>	5. Handstand	<input type="checkbox"/>	Beam:	1	2	3	4									
6. Doggy drop, forward roll	<input type="checkbox"/>	6. Straight jump dismount	<input type="checkbox"/>	Floor:	1	2	3	4									
												<b>MOVE UP?</b>					
												YES		NO			
<b>Notes:</b>																	