



CHEERLEADING SKILLS ASSESSMENT CARD

Date:	
Athlete Name:	
Coach Name:	

New Team Member Returning Team Member Previous Cheer Experience: _____

BEHAVIORAL EVALUATION

Reacts to verbal direction:	
Refocus after correction:	
Needs physical que:	

SKILLS EVALUATION

Beginner Movement:	<input type="checkbox"/> Side Roll <input type="checkbox"/> T-Jump <input type="checkbox"/> Candlestick <input type="checkbox"/> Table Top <input type="checkbox"/> Splits 6 Shapes: <input type="checkbox"/> Straight <input type="checkbox"/> Hollow <input type="checkbox"/> Arch <input type="checkbox"/> Tuck <input type="checkbox"/> Straddle <input type="checkbox"/> Pike
Advanced Movement:	<input type="checkbox"/> Connected Jumps <input type="checkbox"/> Connected Skills
Tumble: <i>(In order of progression)</i>	<input type="checkbox"/> Forward Roll <input type="checkbox"/> Bridge <input type="checkbox"/> Handstand <input type="checkbox"/> Cartwheel <input type="checkbox"/> Roundoff <input type="checkbox"/> Back Walkover <input type="checkbox"/> Front Walkover <input type="checkbox"/> Back Bend <input type="checkbox"/> Back Handspring
Jump:	<input type="checkbox"/> Straddle <input type="checkbox"/> Tuck <input type="checkbox"/> Hurdler/Herkie: <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Toe Touch <input type="checkbox"/> Pike
Stunt:	<input type="checkbox"/> Top Person <input type="checkbox"/> Back Spot <input type="checkbox"/> Side Base <input type="checkbox"/> Body Positioning
Cheer:	<input type="checkbox"/> Projection <input type="checkbox"/> Annunciation <input type="checkbox"/> Energy <input type="checkbox"/> Motion
Props:	Type of Prop: <input type="checkbox"/> Pom <input type="checkbox"/> Sign <input type="checkbox"/> Megaphone <input type="checkbox"/> Flag <input type="checkbox"/> Other: _____ <input type="checkbox"/> Needs Assistance with Prop
Overall impression:	
Team placement:	

