Gymnastics Australia Talent Identification Assessment

GYMNAS T INFORMATION

Name: ____________________________________________ Date of Birth: ____________

Address: ____________________________________________ Postcode: ____________

Mother’s Name: ________________________ Mobile: ______________ Height (cm): ____________

Father’s Name: ________________________ Mobile: ______________ Height (cm): ____________

Contact E-mail: ______________________________________________________

Medical conditions/previous or current injuries: ________________________________

Sporting background: ______________________________________________________

BODY SIZE (Refer to norms graph)

Gymnast age in years and months (e.g. 8.6): _______________________

Gymnast Height (cm): ______ Percentile: ______ Gymnast Weight (kg): ______ Percentile: ______

Mother Percentile: ________________________ Father Percentile: ________________________

EVALUATION SCALE

1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent

All ratings are given taking into account the child’s age

POSTURE & GENERAL APPEARANCE

Body Shape:                                  comment: ______________________________

Spine and standing posture: ___ comment: ______________________________

Standing posture arms overhead: ___ comment: ______________________________

Knee extension (standing position noting hyperextension): ___ comment: ______________________________

Knees (knocked/normal/bow): ______________________________

Toe point: ___ comment: ______________________________

Elbow hyperextension: ___ comment: ______________________________

Overall posture rating:

FLEXIBILITY
Right split: □  Left split: □  Centre split: □
Pike sit: □  Straddle sit: □  Bridge: □
Shoulders lying on stomach: □  Shoulders rotation with stick: □  Handstand shape: □
Overall flexibility rating: □  General comments: ________________________________

STRENGTH

L-hang/leg lifts: □  Result: __________  Bent arm hold/chin ups: □  Result: __________
Rope 5m: Climb with/without feet: □  Time: _______  Standing long jump (cm): ______________
Overall strength rating: □  General comments: ________________________________

COORDINATION AND SKILLS

Run style: □  20m sprint time:__________  Comments:______________  Step down punch jump to box: □
Tuck jumps on the spot: □  Hopping: R □  L □  Trampoline jumping (comment): ______________
Overall coordination rating: □  General comments: ________________________________

PERSONAL ATTRIBUTES (demonstrated during the session)

General demeanor: _____________________________________________________________
Attention span/focus: _________________________________________________________
Ability to follow instructions: __________________________________________________
Courage/willingness to try new things: __________________________________________
Overall personal attributes rating: □

Overall rating score (out of 25): □

RECOMMENDATION

Offer High Performance Program Trial: Yes □  No □
Trial commencement date: ______________  Coach/Group: ______________________________
□  Recommend to join a club. Name of club: _______________________________________
□  Further assessment required – Assessment plan: _________________________________

POST ASSESSMENT ADMINISTRATION

□  Communication to the gymnast’s club completed  □  Communication to the parent’s completed