Gymnastics Australia Talent Identification Assessment

GYMNAST 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:  [ ]  Handstand shape:  [ ]
Overall flexibility rating:  [ ]  General comments:  

STRENGTH
L-hang (quality):  [ ]  Time:  ________  Bent arm hold:  [ ]  Time:  ________
Rope 5m: Climb with feet (m):  [ ]  Standing long jump (cm):  
Overall strength rating:  [ ]  General comments:  

COORDINATION AND SKILLS
Run style:  [ ]  20m sprint time:  ________  Comments:  
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  [ ]