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: ____________________________

PAST GYMNASICS EXPERIENCE

Gymnastics experience / level / club: ________________________________
Type of sessions (e.g. recreational, development squad, National stream competitive): ________________________________
Number of sessions per week: _______ Number of hours per week: ________________________________

MEDICAL

Medical conditions / previous or current injuries: ________________________________

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: ________________________________
Standing posture: □ comment: __________________________________________

Standing posture arms overhead: □ comment: __________________________________________

Knee extension (standing position noting natural hyperextension): □ comment: __________________________________________

Knees (knocked/normal/bow): __________________________________________

Toe point: □ comment: __________________________________________

Elbow hyperextension: □ comment: __________________________________________

Overall posture rating: □

GYMNAST PHOTO

FLEXIBILITY AND HANDSTAND DEVELOPMENT

Right split: □ or over split front leg on board □ __________________________________________

Left split: □ or over split front leg on board □ __________________________________________

Centre split: □ or over split front leg on board □ __________________________________________

Pike sit: □ Straddle sit: □ __________________________________________

Bridge: □ Seated dorsal stretch: □ __________________________________________

Shoulder rotation with stick □ __________________________________________

Handstand shape: □ __________________________________________ Time: □ __________________________________________

Press to handstand: □ __________________________________________

General comments: __________________________________________

Overall flexibility and handstand rating: □
STRENGTH
L-hang (quality): □  Time: ____________  or Leg lifts (number): □ ________________
Bent arm hold: □  Time: ____________  or Chin ups (number): □ ________________
Rope 4m: Climb with feet (time): ____________  or 4m Climb in straddle (Time): ____________
Standing long jump (cm): □ ________________
General comments:____________________________________________________________________________
Overall strength rating: □

COORDINATION AND SKILLS
Run style: □  20m sprint time: ____________  Comments:____________________________________________________________________________
Tuck jumps on the spot: □  Hopping: R □  L □  Step down punch jump to box: □ ____________
Locomotor skipping (comment): __________________________________________________________________
Trampoline jumping (comment): ____________  ____________  Or basic saltos: ________________
General comments: ______________________________________________________________________________
Overall coordination rating: □

PERSONAL ATTRIBUTES (demonstrated during the session)
General demeanor: ________________________________________________________________________________
Attention span/focus: ______________________________________________________________________________
Ability to follow instructions: _______________________________________________________________________
Courage/willingness to try new things: __________________________________________________________________
Competitiveness: _________________________________________________________________________________
Overall personal attributes rating: □

Overall rating score (out of 25): □
ASSESSMENT SUMMARY

TESTING DETAILS

Tester name or names: ___________________________________________________________________________
Testing location: ____________________________________________________________________________

RECOMMENDATION

Offer High Performance Program Trial: Yes ☐ No ☐

Trial commencement date: _________________ Coach/Group: _________________________________

☐ Continue at current club
☐ Recommend to join a club – if not currently enrolled
☐ Recommend to change clubs – only if need more advanced program than the current club can offer
☐ Further assessment required – Assessment plan: _______________________________________________

POST ASSESSMENT ADMINISTRATION

☐ Communication back the gymnast’s club completed
☐ Communication back the gymnast’s parent completed