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 GYMNASTICS 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: ________________________________

GA TALENT IDENTIFICATION FORM 2015
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: □ Shoulders lying on stomach: □  

Handstand shape: □ Time: □  

Press to handstand:  

General comments:  

Overall flexibility and handstand rating: □
**STRENGTH**

L-hang (quality):  □  Time: ___________  Leg lifts (number):  □  ________________

Bent arm hold:  □  Time: ___________  Chin ups (number):  □  ________________

Rope 5m: Climb with feet (m): ___________  or Climb in straddle (m): ___________

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 straddle jump:  □  ________________

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