

Name: _____

Class Period: _____

Technique Rubric

| Skill | Score | Comment |
|--------------------------|-------|---------|
| Performance Quality (10) | | |
| Timing (10) | | |
| Fluidity (10) | | |
| Feet (10) | | |
| Arms (10) | | |
| Upper Body (10) | | |
| Focus (10) | | |
| Leg Extension (10) | | |
| Spacial Awarness (10) | | |
| Memory (10) | | |
| Total | | |

Additional Comments:

Name: _____

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