

Request to Test

<i>To be completed by Candidate (or Parent/Guardian)</i>	
Candidate's Name	Candidate's Age
Current Rank	Date of last testing
Current Class Total	Expected number of classes by testing
<i>To be completed by Review Committee</i>	
Reasons for consideration <ul style="list-style-type: none">• Artistic Development• Attitude• Class Attendance• Overall Effort	
Assessment/suggested areas of improvement	
<input type="checkbox"/> Timing	<input type="checkbox"/> Correct position of movements
<input type="checkbox"/> Balance	<input type="checkbox"/> Power
<input type="checkbox"/> Precision of movement	<input type="checkbox"/> Rhythm
<input type="checkbox"/> Attitude	<input type="checkbox"/> Stance
<input type="checkbox"/> Eye control	<input type="checkbox"/> Focus
<input type="checkbox"/> Exact line of movement	<input type="checkbox"/> Tempo
<input type="checkbox"/> Shape of feet and hands	
Recommendation: <input type="checkbox"/> Ready to test <input type="checkbox"/> Recommend waiting one cycle	
Instructor signature:	Date:

