

SELF-EVALUATION VIDEO VIEWING FORM

NAME: _____
RECORDING DATE: _____
REVIEWING DATE: _____

PATTERNS

Evaluation

Written comments about each category. Be specific!

TECHNIQUE

STANCE/HEAD MOVEMENT

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



WRIST FLEXIBILITY (bending as needed)

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



VERTICAL PLANE (downbeat in center of body?)

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



HORIZONTAL PLANE (beats aligned horizontally?)

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



PLACEMENT OF BEAT POINTS (on horizontal plane)

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



CONNECTION OF BEAT POINTS (avoiding points)

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



UNIFORMITY OF INDIVIDUAL BEAT SIZE

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



SUB-DIVISIONS (uniformity of size/shape)

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



SIZE AND POSITION OF REBOUND

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



LAST BEAT PLACEMENT

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



Are beats placed on top of each other, especially in subdivided and off-balanced patterns?

TIP OF BATON/HAND POSITION (thumb up?)

4.0 3.7 3.5 3.3 3.0 2.7 2.3 2.0 1.7 1.5 1.3 1 .7 .5 0



OVERALL INTEGRITY OF PATTERNS and SUMMARY OF MAJOR STRENGTHS AND GOALS FOR NEXT TAPING:

(use the back as is necessary)