

# Gymnastics Apparatus Tryout Assessment

Athlete Name

Date

Coach Name

## Apparatus Assessment

Apparatus	Score (1-10)	Notes
Floor	<div></div>	<div></div>
Vault	<div></div>	<div></div>
Pommel Horse	<div></div>	<div></div>
Rings	<div></div>	<div></div>
Parallel Bars	<div></div>	<div></div>
Horizontal Bar	<div></div>	<div></div>
Balance Beam	<div></div>	<div></div>
Uneven Bars	<div></div>	<div></div>

Overall Impression

Recommendations