

# SPECIALIZED STUDENT MEDAL TEST FORM

Date \_\_\_\_\_ Studio Name \_\_\_\_\_

Student(s) Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

**Type**

**Name**

Ex: open routine, showcase, medley, exhibition, novelty, formation, cabaret, show number

Ex: dance name, song name, or whatever you wish to call this performance or number.

**Check Style**

**Check Level**

*Optional: No style needed unless applicable to student performance*

*Optional: No level needed unless specified as Open (Bronze, Silver or Gold)*

- Smooth
- Rhythm
- Ballroom
- Latin
- Social/Club
- Country Western

- Bronze
- Silver
- Gold
- Platinum

## Comments (Strengths & Things to Improve Upon)

**The Examiner will evaluate the candidate based on the following criteria (they can circle for special attention):**

1. Choreography: material used, staging, suitability standard, message
2. Overall Appearance: quality of movement, technique
3. Partnering Skills: dance position(s), frame, holds, connection, balance
4. Performance Skills: musicality, personal expression, style, costuming

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> <b>Outstanding Performance</b> | <input type="checkbox"/> <b>Excellent Performance</b> | <input type="checkbox"/> <b>Very Good Performance</b> | <input type="checkbox"/> <b>Good Performance</b> |
|---|---|---|--|

**Examiner (please print & sign):** \_\_\_\_\_