

# CUT EVALUATION

Name: \_\_\_\_\_  
Procedure: \_\_\_\_\_

Date: \_\_\_\_\_  
Teacher: \_\_\_\_\_

Model Choice	1	2	3	4	5
Consultation	1	2	3	4	5
Technical Skill	1	2	3	4	5
Balance	1	2	3	4	5
Timing	1	2	3	4	5
Finish	1	2	3	4	5
Overall	1	2	3	4	5

Total Time: \_\_\_\_\_

Comments:

Name: \_\_\_\_\_  
Procedure: \_\_\_\_\_

Date: \_\_\_\_\_  
Teacher: \_\_\_\_\_

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Comments: