



CUT EVALUATION

Name: _____

Date: _____

Procedure: _____

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/Styling	1	2	3	4	5
Overall	1	2	3	4	5

Total Time: _____

Comments:

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Comments: