

Group Ability Assessment Results

Lab Time _____

Table/Group/Team Name _____

Write the names of your Group members in the four (or three) spaces in the top row. For each of the following abilities, identify the top one or two contestants from your group by placing a check in the space of the corresponding cell under his/her name.

| Abilities | NAMES | | | |
|---|-------|--|--|--|
| | | | | |
| <u>Finger Dexterity</u> | | | | |
| <u>Wrist-Finger Speed</u> | | | | |
| <u>(Arm) Limb Movement Speed</u> | | | | |
| <u>Arm-hand Steadiness</u> | | | | |
| <u>Explosive Leg Strength</u> | | | | |
| <u>Hand Grip Static Strength</u> | | | | |
| <u>Gross Body Equilibrium</u> | | | | |
| <u>Reaction Time</u> | | | | |
| <u>Response Orientation</u> | | | | |
| <u>Trunk Strength</u> | | | | |
| <u>Extent Flexibility</u> | | | | |
| <u>(Leg) Limb Movement Speed</u> | | | | |
| <u>Multi-limb coordination</u> | | | | |
| <u>Dynamic Flexibility (Agility)</u> | | | | |
| <u>Gross Body Coordination</u> | | | | |
| <u>Stamina</u> | | | | |