

Name: _____ Date: _____

How confident are you about completing these Ballet activities?

Based on your current injury or condition, please rate how well you believe you can complete each of these Ballet activities.

Please circle the number that matches your answer for each Ballet activity listed.

Staff Use Only Eval ID #	Not confident	Somewhat confident	Moderately confident	Very confident	Fully confident	Does not apply to me
Stand in 1 st Position	1	2	3	4	5	9
Stand in 2 nd Position	1	2	3	4	5	9
Stand in 4 th Position	1	2	3	4	5	9
Stand in 5 th Position	1	2	3	4	5	9
Demi plié in 1 st position	1	2	3	4	5	9
Grande plié in 1 st position	1	2	3	4	5	9
Relevé in 1 st position	1	2	3	4	5	9
Grande battement	1	2	3	4	5	9
Développé a la seconde	1	2	3	4	5	9
Pirouette	1	2	3	4	5	9
Sauté or changement jumps	1	2	3	4	5	9
Glissade or pas de chat	1	2	3	4	5	9
Grande Jété	1	2	3	4	5	9
If en pointe: Full rise onto platform (box) of pointe shoe in 1 st	1	2	3	4	5	9
If en pointe: Full rise onto platform (box) of pointe shoe in 5 th sous sou	1	2	3	4	5	9