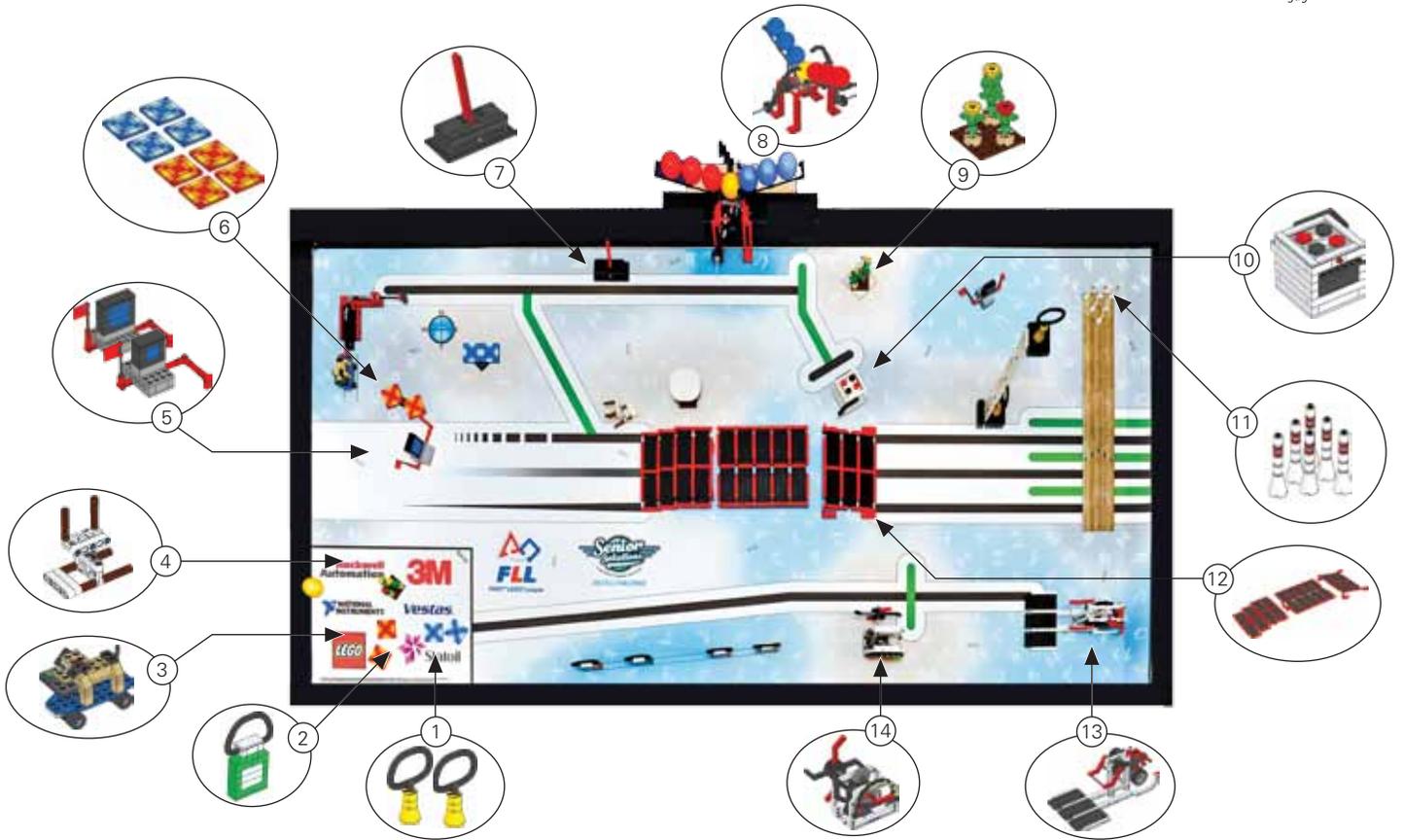


Team #: _____

Referee: _____

Round: _____

Table: _____



(please circle all selections)

1	Flexibility Yellow loops in base	0	1	2
2	Medicine Green bottle in base. Orange unmoved.	Yes	No	
3	Service Animals Dog in base	Yes	No	
Wood Working				
4	Chair fixed and in base	Yes	No	
	Chair fixed and under table	Yes	No	
5	Video Call Flags all the way up	0	1	2
Quilting				
6	Blue squares touching target	0	1	2
	Orange squares touching target	0	1	2
7	Similarity Recognition and Cooperation Both pointers parallel	Yes	No	

Ball Game										
8	Balls on racks	0	1	2	3	4	5	6	7	
	Center ball	Yours		Theirs		Neither		Both		
Gardening										
9	Plant's base touching target	Yes	No							
Stove										
10	All 4 burners black	Yes	No							
Bowling										
11	Pins Down	0	1	2	3	4	5	6		
Transitions										
12	Robot touching tilted platform only	Yes	No							
	Robot touching balanced platform only	Yes	No							
	Platform touching only robot and mat	Yes	No							
Strength Exercise										
13	Weight height	LOW	HIGH	Neither						
Cardiovascular Exercise										
14	Pointer major tick	1	2	3	4	5	6	7	8	9
	Pointer minor tick	0	1	2	3	4	5			

Team Initials: _____

