**![C:\Users\Charla\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\YA76PRJF\dglxasset[1].aspx]()Football Throwing Peer Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cues** | **1st Attempt** | **2nd Attempt** | **3rd Attempt** |
| **C-grip, fingers on laces** |  |  |  |
| **Non-throwing shoulder to target** |  |  |  |
| **Step in opposition** |  |  |  |
| **Arm whip** |  |  |  |
| **Wrist snap, palm out, thumb down** |  |  |  |

(Place a check if the critical element is observed.)

**Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Based on your peer assessment, what should be done to improve your throwing ability?**