



To be completed by TAAG staff:			
Teacher ID: _____			
Form Code: <b>PA7</b>	Version: <b>A</b>	Series #: ____	Seq. #: <b>01</b>

**7<sup>th</sup> Grade Health Lessons and Activity Challenges - Lesson Observation**  
*Physically Active Lesson 1: Why Physical Activity? Benefits of Physical Activity*

Teacher Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm / dd / yyyy)

Observer Code: \_\_\_\_ Class Start Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ Class End Time: \_\_\_\_:\_\_\_\_:\_\_\_\_

1. a. How many girls were taught? \_\_\_\_\_ b. How many boys were taught? \_\_\_\_\_

2. Lesson 1 included the activities listed below. For each activity, please indicate if this activity was completed, partially completed, or not taught. (*circle **one** per activity*)

	Completed Activity	Partially Completed	Activity not Taught
a. Warm-up & Introduction	1	2	3
b. Physical Activity Circle	1	2	3
c. Pair Share & Discussion	1	2	3
d. Cool Down & Lesson Summary	1	2	3
e. ACA–Work out That Mood	1	2	3

3. Comments: (**Note:** *please include any events or situations which made it difficult for lesson to be implemented*) \_\_\_\_\_

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Form Code: <b>PA7</b>	Version: <b>A</b>	Series #: ____	Seq. #: <b>02</b>

**7<sup>th</sup> Grade Health Lessons and Activity Challenges - Lesson Observation**  
*Physically Active Lesson 2: Fitting in MVPA: Intensity and Physical Activity*

Teacher Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm / dd / yyyy)

Observer Code: \_\_\_\_ Class Start Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ Class End Time: \_\_\_\_:\_\_\_\_:\_\_\_\_

1. a. How many girls were taught? \_\_\_\_\_ b. How many boys were taught? \_\_\_\_\_

2. Lesson 2 included the activities listed below. For each activity, please indicate if this activity was completed, partially completed, or not taught. (*circle **one** per activity*)

	Completed Activity	Partially Completed	Activity not Taught
a. AC Follow-up to Lesson 1	1	2	3
b. Warm-up & Introduction: Walk, Jog, Sprint	1	2	3
c. MVPA Marathon	1	2	3
d. Personal Assessment Fitting in MVPA	1	2	3
e. Cool Down & Lesson Summary	1	2	3
f. ACA–How Intense Can You Get?	1	2	3

3. Comments: (**Note:** *please include any events or situations which made it difficult for lesson to be implemented*) \_\_\_\_\_

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To be completed by TAAG staff:			
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### 7<sup>th</sup> Grade Health Lessons and Activity Challenges - Lesson Observation

#### Physically Active Lesson 3: Logging On: Using Self-monitoring Techniques to Increase Physical Activity

Teacher Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm / dd / yyyy)

Observer Code: \_\_\_\_-\_\_\_\_-\_\_\_\_ Class Start Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ Class End Time: \_\_\_\_:\_\_\_\_:\_\_\_\_

1. a. How many girls were taught? \_\_\_\_\_ b. How many boys were taught? \_\_\_\_\_

2. Lesson 3 included the activities listed below. For each activity, please indicate if this activity was completed, partially completed, or not taught. (*circle **one** per activity*)

	Completed Activity	Partially Completed	Activity not Taught
a. AC Follow-up to Lesson 2	1	2	3
b. Warm-up & Introduction	1	2	3
c. Logging On with Pedometers	1	2	3
d. Lifestyle Activity Estimate	1	2	3
e. Cool Down & Lesson Summary	1	2	3
f. ACA—Put Some Pep in Your Step	1	2	3

3. Comments: (**Note:** *please include any events or situations which made it difficult for lesson to be implemented*) \_\_\_\_\_

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To be completed by TAAG staff:			
Teacher ID:	_____		
Form Code: <b>PA7</b>	Version: <b>A</b>	Series #: _____	Seq. #: <b>04</b>

**7<sup>th</sup> Grade Health Lessons and Activity Challenges - Lesson Observation**  
Physically Active Lesson 4: The Buddy System: Enlisting Support for Physical Activity

Teacher Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm / dd / yyyy)

Observer Code: \_\_\_\_\_ Class Start Time: \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_ Class End Time: \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_

1. a. How many girls were taught? \_\_\_\_\_ b. How many boys were taught? \_\_\_\_\_

2. Lesson 4 included the activities listed below. For each activity, please indicate if this activity was completed, partially completed, or not taught. *(circle **one** per activity)*

	Completed Activity	Partially Completed	Activity not Taught
a. AC Follow-up to Lesson 3	1	2	3
b. Warm-up & Introduction High 5 in the Middle	1	2	3
c. Stunt Double Tag	1	2	3
d. Buddy Activity Stations	1	2	3
e. Cool Down & Lesson Summary	1	2	3
f. ACA–Buddy Up	1	2	3

3. Comments: (**Note:** *please include any events or situations which made it difficult for lesson to be implemented*) \_\_\_\_\_

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**To be completed by TAAG staff:**

Teacher ID: \_\_\_\_\_

Form Code: **PA7**      Version: **A**      Series #: \_\_\_\_\_      Seq. #: **05**

**7<sup>th</sup> Grade Health Lessons and Activity Challenges - Lesson Observation**  
*Physically Active Lesson 5: Be A Goal-Getter: Short-term Goal Setting*

Teacher Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm / dd / yyyy)

Observer Code: \_\_\_\_ Class Start Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ Class End Time: \_\_\_\_:\_\_\_\_:\_\_\_\_

1. a. How many girls were taught? \_\_\_\_\_ b. How many boys were taught? \_\_\_\_\_

2. Lesson 5 included the activities listed below. For each activity, please indicate if this activity was completed, partially completed, or not taught. (*circle **one** per activity*)

	Completed Activity	Partially Completed	Activity not Taught
a. AC Follow-up to Lesson 4	1	2	3
b. Warm-up & Introduction	1	2	3
c. Small Group Goal Scramble	1	2	3
d. Personal Best	1	2	3
e. Cool Down & Lesson Summary	1	2	3
f. ACA–Be a Goal-Getter	1	2	3

3. Comments: (**Note:** *please include any events or situations which made it difficult for lesson to be implemented*) \_\_\_\_\_

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To be completed by TAAG staff:			
Teacher ID:	_____		
Form Code:	<b>PA7</b>	Version:	<b>A</b>
Series #:	___	Seq. #:	<b>06</b>

**7<sup>th</sup> Grade Health Lessons and Activity Challenges - Lesson Observation**  
*Physically Active Lesson 6: Putting It All Together: Creating a Physically Active Life*

Teacher Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm / dd / yyyy)

Observer Code: \_\_\_\_ Class Start Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ Class End Time: \_\_\_\_:\_\_\_\_:\_\_\_\_

1. a. How many girls were taught? \_\_\_\_\_ b. How many boys were taught? \_\_\_\_\_
2. Lesson 6 included the activities listed below. For each activity, please indicate if this activity was completed, partially completed, or not taught. *(circle **one** per activity)*

	Completed Activity	Partially Completed	Activity not Taught
a. Warm-up & Review	1	2	3
b. Physical Activity Pursuit	1	2	3
c. AC Follow-up to Lesson 5	1	2	3
d. Lesson Summary/Certificates	1	2	3

3. Comments: (**Note:** please include any events or situations which made it difficult for lesson to be implemented) \_\_\_\_\_

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