



To be completed by TAAG staff:				
School ID:	_____			
Form Code: POF	Version: C	Series #: _____	Seq. #: _____	

PE OBSERVATION FORM
Process Evaluation: Physical Education

Date: ____/____/____ Assessor ID#: ____ Assessor Name: _____
(mm / dd / yyyy) Teacher ID(s): _____

Class Period: _____ Class Start Time: _____:_____:____ Class End Time: _____:_____:____

Activity Start Time: _____:_____:____ Activity End Time: _____:_____:____

Number of students in attendance: _____

FOR THE LESSON YOU JUST OBSERVED:

1. Is this a girls-only class? (circle **one**) Y Yes N No

2. The lesson included (check **all that apply**):

- | | |
|--|---|
| a. <input type="checkbox"/> Warm Up | b. <input type="checkbox"/> Health-Related Fitness |
| c. <input type="checkbox"/> Skill Builder | d. <input type="checkbox"/> Skill Application/Game Play |
| e. <input type="checkbox"/> Cool-Down or Closure | |

How much of the class time were the following observed? (circle **one)**

	None of the Time	Some of the Time	Most of the Time	All of the Time	N/A
3. Students were prompted/rewarded for out-of-PE class physical activity	1	2			
4. Teacher used strategies to <u>minimize</u> management time	1	2	3		
5. Students were provided with choices	1	2	3		
6. Students were encouraged or reinforced to be physically active or demonstrate PA skills during class	1	2	3		
7. Most girls appeared to enjoy PE class	1	2	3		
8. Adequate equipment : student ratio existed during activities	1	2	3	4	5
9. Group sizes were appropriate to activity	1	2	3	4	5

Comments: _____

