



# Physical Education Self Evaluation Form.

[www.kangasports.co.uk](http://www.kangasports.co.uk)  
office@kangasports.co.uk

<b>Name</b>		<b>Date</b>	
<b>School</b>		<b>Class and Key Stage</b>	
<b>Topic</b>			

**Overall Knowledge and confidence in delivering:**

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Games (Invasion, Net/wall, Strike)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Comments*

<b>Athletics/ Fitness/ Circuits</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Comments*

<b>Gymnastics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Comments*

<b>Dance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Comments*

<b>Outdoor Ed/ Problem Solving</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Comments*

**Delivery**

<b>Topic:</b>	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Physically Active Learning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Class management/ strategies</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Behaviour Management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Lesson Objectives/ Outcomes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Differentiation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Questioning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

**Evaluation**ADDITIONAL  
COMMENTS

GOALS

**Verification of Review**

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*By signing this form, you confirm that you have discussed this review in detail with a Kanga Specialist.*

Teacher Signature		Date	
Kanga Staff Signature		Date	