



CATCH KIDS CLUB

Physical Activity Observation Form



SITE:

Site Contact:

DATE:

Observer:

Program Leader:

Start Time:

End Time:

Kids:

NOTE THE FOLLOWING:

| | Observed All the Time | Observed Most of the Time | Observed Some of the Time | Observed None of the Time |
|---|--------------------------|---------------------------------|---------------------------------|------------------------------|
| Activities were conducted in a safe manner. | 1 | 2 | 3 | 4 |
| Students received positive feedback for their active participation. | 1 | 2 | 3 | 4 |
| Students were encouraged to be physically active. | 1 | 2 | 3 | 4 |
| The teacher was enthusiastic about the activities. | 1 | 2 | 3 | 4 |
| Most of the children appeared to be enjoying themselves (e.g. smiling, laughing, engaged, etc.) | 1 | 2 | 3 | 4 |
| Teachers participated in the physical activity. | 1 | 2 | 3 | 4 |
| Students were given clear instructions. | 1 | 2 | 3 | 4 |
| Management/transition time was minimal. | 1 | 2 | 3 | 4 |
| Had adequate child:equipment ratio. | 1 | 2 | 3 | 4 |

PHYSICAL ACTIVITY SESSION LENGTH:

- **Moderate to Vigorous PA Length:**
 - **Half or more of the class was engaged in MVPA for at least 50% of the time. (moderate to vigorous physical activity)**
- YES NO**

NOTE YES OR NO FOR THE FOLLOWING:

| | | |
|---|-----|----|
| 1. A warm-up was included. | YES | NO |
| 2. A cool-down was included. | YES | NO |
| 3. Group sizes were appropriate to activity. | YES | NO |
| 4. Classes started within 5 minutes of scheduled time. | YES | NO |
| 5. Were children active right from the start? | YES | NO |
| 6. Were the boundaries well established? | YES | NO |
| 7. Was the stop/start signal clear? | YES | NO |
| 8. Was equipment distributed efficiently? | YES | NO |
| 9. Did group sizes maximize participation and practice opportunities? | YES | NO |
| 10. Were all children involved? | YES | NO |
| 11. Children were prompted/rewarded for out-of-class MVPA engagement. | YES | NO |

ACTIVITIES OBSERVED:

Were the physical activities from the CKC activity box?

YES NO

Comment:

Did they follow the CKC philosophy?

YES NO

Comment:

ADDITIONAL NOTES:

times per week CKC is offered:

Days CKC is offered:

Average time per session:

Successes:

Challenges:

Support Needed:

(What do you need to be successful? Booster topic suggestions?)

Additional Observations:

Attached Documents: