Student Name:

**LOCOMOTOR/MANIPULATIVE SKILL ASSESSMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Locomotor Skill** | Self Assessment | Peer Assessment | Teacher Assessment | **Manipulative**  **Skill** | Self Assessment | Peer Assessment | Teacher Assessment |
| Overhand Throw |  |  |  | Running |  |  |  |
| Kicking |  |  |  | Jumping |  |  |  |
| Foot  Dribbling |  |  |  | Hopping |  |  |  |
| Underhand  Throw |  |  |  | Galloping |  |  |  |
| Striking with a Bat |  |  |  | Skipping |  |  |  |

**Rubric**

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| --- | --- | --- |
| **Code** | **Level** | **Explanation** |
| M | Mastery | I can always do it correctly. |
| R | Refining | I am able to do it and correctly as needed. |
| I | Improving | I am starting to get it/I am beginning to do it. |
| A | Attempting | I am trying to do it. |