| **Assessment** |
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| **Date:** | **Student Name:** |
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| **Lesson:** |
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| Basketball |
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| **Tasks Observed:** |
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| Dribbling  Shooting  Passing  Catching  Taking turns  Listening  Following directions  Interactions with peers |
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| **Basketball:** |
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| **Task Steps** | **Performance**  **0 = no attempt**  **1 = student attempted but needed assistance**  **2 = student completed independently** | **Comments** |
| --- | --- | --- |
| Dribbling |  |  |
| Shooting |  |  |
| Passing |  |  |
| Taking turns |  |  |
| Listening |  |  |
| Following directions |  |  |
| Interactions with peers |  |  |
| Total # of points |  |  |

| **Observer Name:** |
| --- |