



Fifth Grade Peer-Assessment Fitness Station Performance Checklist Rubric

Names of the group members: _____

Station Activity Fitness Component: _____

Date: _____ **Name of the individual assessing the group:** _____

Peer-Assessment...

After participating at the station, please answer the following questions by circling yes or no.

- ◆ The station activity kept the participants active for 2 minutes... Yes
No
- ◆ The activity was creative and fun?..... Yes
No
- ◆ The team shared key characteristics of the component?..... Yes
No
- ◆ The team described how the F.I.T.T. principle applies to this component?..... Yes
No
- ◆ The team had a fun title for the station?..... Yes
No
- ◆ The directions were easy to follow?..... Yes
No
- ◆ All team members were involved with teaching the component?..... Yes
No
- ◆ Do you feel this team is ready to present this station activity to the parents? If not, please share your thoughts or suggestions on how they can improve this presentation...
Yes No

