

Name:

Grade:

Date:

Rollerskating Student Self Assessment Sheet
Directions: Answer YES or NO to the following questions.

Skill	Yes	No
I stand up correctly		
I fall down correctly		
I get up correctly when I fall		
I fall down sometimes		
I fall down a lot		
I don't fall down very much.		
I stop on the 1,2,3 signal		
I skate on the mats		
I skate on the rugs		
I skate on the floor		
I can skate backwards		
I liked rollerskating		
I am a better skater than last year		
I would like to rollerskate again next year		

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