

**Year 1 Physical Education Progress Report**  
**Sir John A. Cumber Primary School**  
**2016 – 2017**

Name :

Physical Education Teacher: Mr. Eastman

Classroom Teacher:

Total Number of Classes: Present: Absent:

<i>Physical Activity Skills Assessment Key</i>		
<b>M = Master</b> Independently applies instructional objectives	<b>MP = Making Progress</b> With assistance, applies instructional objectives	<b>NY = Not Yet</b> Limited or minimum progress on instructional objectives

**PHYSICAL ACTIVITY OBJECTIVES**

Students have demonstrated the following skills in physical education class. Items which have not marked have not been presented. *(A circled item indicates that the student is having difficulty.)*

<i><b>Movement Concepts – Student is able to demonstrate:</b></i>	<b>First Trimester</b>			<b>Second Trimester</b>			<b>Third Trimester</b>		
<b>Levels</b> (low and high)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<b>Personal/General Space and Locations</b> (in, on, beside, front, behind)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<b>Pathways</b> (straight and curved)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<b>Tempo</b> (fast and slow)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<b>Directions</b> (up/down, forward/backward)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<b>Relationships</b> (over/under, on/off, and in front/behind)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<i><b>Locomotor Skills – Student is able to demonstrate:</b></i>	<b>First Trimester</b>			<b>Second Trimester</b>			<b>Third Trimester</b>		
<b>Walk</b> (stand tall, arms at side, head and eyes forward, step heel-toe with toes pointing straight ahead, arm swing with opposition to leg)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<b>Run</b> (eyes forward, pump your arms and arms bent, big stride, feet straight)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<i><b>Manipulative Skills – Student is able to demonstrate:</b></i>	<b>First Trimester</b>			<b>Second Trimester</b>			<b>Third Trimester</b>		

<b>Underhand Roll</b> (ready position, hand under ball, face target, swing dominant arm back, step with non-dominant foot towards target, swing arm forward and roll, follow through to target)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<b>Underhand Throw</b> (hand under ball, face target, swing dominant arm back, step with non-dominant foot, swing arm forward, follow through to target)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<b>Rhythmic Activities – Student is able to demonstrate:</b>	<b>First Trimester</b>			<b>Second Trimester</b>			<b>Third Trimester</b>		
<b>Even Movement Patterns</b> (means each weight change/movement is equal in time, i.e. walking and running)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>
<b>Uneven Movement Patterns</b> (means one or more of the weight changes/movements is shorter or longer in time than the other(s), i.e. skip, slide, gallop)	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>	M <input type="checkbox"/>	MP <input type="checkbox"/>	NY <input type="checkbox"/>

<b>PERSONAL/SOCIAL SKILLS ASSESSMENT KEY</b>			
* = Consistently Positive	+ = Usually Positive	/ = Sometimes Positive	^ = Seldom Positive
<b>Personal Social Skills:</b> Students demonstrates acceptable levels of the following:	<b>First Trimester</b> <i>August 29 – December 16</i>	<b>Second Trimester</b> <i>January 3 – April 13</i>	<b>Third Trimester</b> <i>April 24 – June 30</i>
<b>Cooperation/Teamwork</b> (works well with others to accomplish goals)	* + / ^	* + / ^	* + / ^
<b>Pride in personal accomplishment</b> (personal/best effort)	* + / ^	* + / ^	* + / ^
<b>Competition/Sportsmanship</b> (respect, accepts outcomes of games)	* + / ^	* + / ^	* + / ^
<b>Responsibility</b> (wears appropriate shoes, keeps self/equipment under control)	* + / ^	* + / ^	* + / ^
<b>Listens to Teacher and Peers</b>	* + / ^	* + / ^	* + / ^
<b>Follows Directions Given by Teacher</b>	* + / ^	* + / ^	* + / ^

*Teacher Comments:*

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**Physical Education**