



Physical Education Assessment Form

Teacher Name: _____ Month/Year: _____

Rating: Need Improvement=1, Average= 2, Good=3, Very Good= 4, Excellent = 5

| S# | Students Name | Class | Behavior | Hygiene | Group Activity Performance | Individual Performance | Sports Skills Learning Ability | Physical / Body Flexibility | Coordination between Games / Activity & Body Muscles | Fine Motor Skills | Gross Motor Skills | Remarks |
|----|---------------|-------|----------|---------|----------------------------|------------------------|--------------------------------|-----------------------------|--|-------------------|--------------------|---|
| 1. | XYZ | | 3 | 4 | 4 | 4 | 3 | 2 | 2 | 2 | 2 | Overall very good in all area of sports |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |

Note: File of Group Activities / Individual Activities shall be maintained along with list of Activities for respective sessions. Achievement Display Board shall be maintained in all institutions.

Signature I.P.E/ P.E.T

Signature Head of Institution