

Child's Name _____ Gender: M F Age: ____

If individuals are physically literate when they have acquired the skills and confidence to enjoy a variety of sports and physical activities, how would you rank your child's overall level of physical literacy? Place a tick anywhere along the box.

Not Physically Literate _____ Perfect Physical Literacy

Assess your child using the table below:

	Low	Medium	High
1. Confidence to participate in physical activity and sport			
2. Motivation to participate in physical activity and sport			
3. Understands movement terms like skip, gallop, hop and jump			
4. Desire to participate in activities alone			
5. Desire to participate in activities with others or in groups			
6. Knowledge related to healthy physical activity			
7. Coordination when moving			
8. Safety while moving in the environment relative to others			
9. Number of movement skills acquired			
10. Ability to balance during movement			
11. Ability to run			
12. Ability to start, stop and change direction			
13. Ability to use hands to throw, catch and carry objects			
14. Ability to use feet to kick or move objects			
15. Ability to use left and right sides equally during activity			
16. Amount of participation in water activities			
17. Amount of participation in indoor activities			
18. Amount of participation in outdoor activities			
19. Amount of participation in snow/ice activities			
20. Overall fitness level			

Please list physical activities or sports that your child routinely participates in:
