

## SHAPE America Standard 4- GLOs for Safety and Success in K-2 PE

Student Name \_\_\_\_\_ Program/Class \_\_\_\_\_ Date \_\_\_\_\_

PE Teacher \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

**Date** \_\_\_\_\_ **Date** \_\_\_\_\_ **Date** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Follows directions in group settings</b>	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____
<b>Acknowledges responsibility for behavior when prompted</b>	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____
<b>Shares equipment and space with others</b>	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____
<b>Recognizes the established protocols for class activities</b>	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____
<b>Follows teacher direction for safe participation and proper use of equipment with minimal reminders</b>	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____	PAP _____ VAP _____ GAP _____ IN _____

**Key:**

PAP- Physical Assistive Prompt  
VAP- Verbal Assistive Prompt  
GAP- Gestural Assistive Prompt  
IN- Independent w/No Prompts

**Directions:**

1. Circle the appropriate level of assistance
2. Tally how many times assistance is needed during the PE class period during PE
3. Put student specific comments below

Comments \_\_\_\_\_

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