

DANCE LEADERS OBSERVATION**ASSESSMENT OF UNIT 1 / 2 / 3 / 4 / 5 / 6 / 7**

NAME: _____ ACTIVITY: _____

DATE: _____ NO. IN GROUP: _____

	😊	😐	😞	ACTIVITY / SKILL	COMMENT
Evidence of planning					
Lesson Plan given to teacher					
Appropriate warm up for activity					
Standard of demonstrations					
Clear Instructions					
Organisation of Group					
Organisation of equipment					
Knowledge of activity delivered					
Health & Safety during session					
Management of time					
Standard of appearance					
Enthusiasm					
Confidence					

 PASS FAIL OPPORTUNITY TO IMPROVE

RE-ASSESSMENT DATE: _____

OVERALL COMMENT: