Name:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Forward | Sideways | Backward |
| Walking |  |  |  |
| Hopping |  |  |  |
| Galloping |  |  |  |
| Skipping |  |  |  |

Place a check mark in the appropriate space if the child can execute the indicated locomotor skill in the indicated direction.

## Figure 15.7 Teacher observation checklist for moving in different directions.