**Locomotor Skill Checklist**

**Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Student Name:** | **Skip****Fall Spr** | **Hop****Fall Spr** | **Jump****Fall Spr** | **Gallop****FallSpr** | **Slide****Fall Spr** |
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| **Totals:** |  |  |  |  |  |

**+ = correctly identifies & performs locomotor skill**

**o= cannot identify &/or perform locomotor skill or**