

TOP Athletics Evaluation

NAME _____

SCHOOL _____

DATE OF TRAINING _____

Please circle the appropriate number for the questions below:
1 - poor 2 - below average 3 - good 4 - excellent

Prior to the TOPs Training

- | | | | | | |
|---|---|---|---|---|---|
| 1 | How would you rate your confidence in your ability to deliver Physical Education? | 1 | 2 | 3 | 4 |
| 2 | How would you rate your knowledge of skills in Athletics? | 1 | 2 | 3 | 4 |
| 3 | How would you rate your ability to develop skills practices for Athletics? | 1 | 2 | 3 | 4 |

The TOP Athletics Training

- | | | | | | |
|---|---|---|---|---|---|
| 1 | How would you rate the content of the training? | 1 | 2 | 3 | 4 |
| 2 | How would you rate the relevance of the content to your teaching? | 1 | 2 | 3 | 4 |
| 3 | How enjoyable was the course? | 1 | 2 | 3 | 4 |
| 4 | How would you rate the TOP equipment? | 1 | 2 | 3 | 4 |
| 5 | How would you rate the resource cards? | 1 | 2 | 3 | 4 |

After the TOPs Training

- | | | | | |
|---|---|-----------|--------------|------------|
| 1 | Will you use the cards during your PE lessons? | No | Maybe | Yes |
| 2 | Will you use the equipment during your PE lessons? | No | Maybe | Yes |
| 3 | Do you require any support with using TOPs (please be specific) | | | |

- 4 Any further comments or suggestions?