nelsonnet

SCAFFOLD

SOPLAY observation form

SOPLAY observation form				
Date:	**Observer: _____**		**Period: BS LU AS (circle)**	
Start time	**Area**	**Condition** **A U S O E**	**Girls** **S W V**	**Boys** **S W V**
____ : ____	1	N N N N N Y Y Y Y Y	___ ___ ___	___ ___ ___
____ : ____	2	N N N N N Y Y Y Y Y	___ ___ ___	___ ___ ___

Form codes:	Activity codes:
BS = Before school LU = Lunchtime AS = After school A = Accessible area U = Usable area S = Supervised area O = Organised activity E = Equipment provided S = Sedentary W = Walking V = Very active	0 = No identifiable activity 1 = Aerobics 2 = Baseball or softball 3 = Basketball 4 = Dance 5 = Football 6 = Gymnastics 7 = Martial arts 8 = Racquet sports 9 = Soccer 10 = Swimming 11 = Volleyball 12 = Weight training 13 = Other playground games 14 = None of the above