

CHILD AND ADOLESCENT TRIAL FOR CARDIOVASCULAR HEALTH

SOFIT Visitation Summary Form

A1. Site: 1. CA 2. LA 3. MN 4. TX	A4. Visit Date: ___ / ___ / ___
A2. School: _____ / _____ Name Code	A5. Head Observer's Initials: _____
A3. Form Version: 8/17/92	A6. Reliability Observer's Initials: _____

Teacher's Name	PE Scheduled		PE Taught	PE Observed	Reliability Done
	Start Time	End Time			
1.	:	:	1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
2.	:	:	1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
3.	:	:	1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
4.	:	:	1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
5.	:	:	1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
6.	:	:	1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
7.	:	:	1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
8.	:	:	1. No 2. Yes	1. No 2. Yes	1. No 2. Yes