CHILD AND ADOLESCENT TRIAL FOR CARDIOVASCULAR HEALTH

SOFIT Lesson Observation Log

(Center Data Manager Use Only)

A1. Site: 1. CA 2. LA 3. MN 4. TX **A2. School :** _____ **/**_____
Name Code

Teacher's Name	PE Start Time	Date of Observation	SOFIT Observation Done	SOFIT Observation Received	Reliability Observation Done	Reliability Observation Received
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No
	:		Yes No	Yes No	Yes No	Yes No