**Overhand Throw Exit Slip!**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As your partner throws a ball, check that they state and demonstrate each step of throwing we talked about today! Give a checkmark for every cue that is stated and demonstrated!

|  |  |
| --- | --- |
| **Checkmark:** | **Performance Cue:** |
|  | Point at target with non-throwing hand |
|  | Scarecrow stance |
|  | Step forward with opposite foot of throwing arm |
|  | Hand in pocket |

One compliment for your friend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self Reflection:**

Please put a checkmark under yes or no if you agree or not with the following statements:

|  |  |  |
| --- | --- | --- |
| **Positive Statements:** | **Yes** | **No** |
| 1. I was prepared to learn today
 |  |  |
| 1. I participated in today’s learning activities
 |  |  |
| 1. I had a positive attitude and had fun today
 |  |  |
| 1. I worked hard and put in my best effort in learning how to throw today
 |  |  |
| 1. I encouraged and assisted my peers today
 |  |  |
| 1. I felt encouraged and respected by my peers and educators
 |  |  |