Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions: Answer Yes or No to the first 8 items, then write a short response for items 9 and 10.**

****

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| I think I can ask an adult (teacher or family member) to help me find opportunities to play Roundnet. |  |  |
| I think I can ask a friend or family member to play Roundnet with me. |  |  |
| I think I have the skills I need to play Roundnet outside of physical education class. |  |  |
| I think I have the knowledge I need to improve my Roundnet skills outside of physical education class. |  |  |
| I think I know where to find resources to learn more about Roundnet. |  |  |
| I think I will play a game of Roundnet in the future if the opportunity is available. |  |  |
| I think I will feel comfortable playing Roundnet with my peers outside of physical education class. |  |  |
| I think activities like Roundnet can help me stay active and healthy in the future. |  |  |

**If you could choose between Roundnet and other physical activity options, would you choose Roundnet? Why or why not?**

**Did you enjoy the challenges that you faced while learning Roundnet skills and strategies? Why or why not?**