

Chillón Garzón, P. y Delgado Noguera, M.A. (2012). Observación del profesor de educación física: una investigación de salud en el aula / Observation of the Physical Education teacher: a health classroom research. Revista Internacional de Medicina y Ciencias de la Actividad Física y el Deporte vol. 12 (47) pp. 493-521
[Http://cdeporte.rediris.es/revista/revista47/artobservacion314.htm](http://cdeporte.rediris.es/revista/revista47/artobservacion314.htm)

ORIGINAL

OBSERVATION OF THE PHYSICAL-EDUCATION TEACHER: RESEARCH IN CLASSROOM HEALTH

OBSERVACIÓN DEL PROFESOR DE EDUCACIÓN FÍSICA: UNA INVESTIGACIÓN DE SALUD EN EL AULA

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Código UNESCO / UNESCO Code:

5899 Otras especialidades pedagógicas: Educación Física / Other teaching specialties: Physical Education

5803.02 Preparación de profesores / Preparation of teachers

Clasificación Consejo de Europa / Council of Europe classification: 5.
Didáctica y metodología / Didactics and methodology.

FINANCIACIÓN: La autora Chillón Garzón disfrutó de una licencia por estudios financiada por la Consejería de Educación de la Junta de Andalucía.

ACKNOWLEDGMENTS / AGRADECIMIENTOS: Debemos agradecer la positive predisposición de alumnos y profesores del centro educativo y de los observadores.

Recibido 25 de octubre de 2010 **Received** October 25, 2010

Aceptado 5 de mayo de 2011 **Accepted** May 5, 2011

ABSTRACT

The aim is to design, validate, and demonstrate both the feasibility and efficacy of an observational instrument in relation to the information provided by the teacher in the Physical Education classroom. The instrument “*Hoja de observación de vídeo: intervención didáctica*” was designed and five recorded

Physical Education lessons oriented to health content were observed. The instrument showed validity and reliability concerning the information provided by the teacher who compiled content related to health and other content. A valid and reliable instrument for analyzing the information from the teacher related to health content is provided and moreover, the instrument's feasibility within the Physical Education classroom is confirmed for teacher evaluation.

KEY WORDS: teacher evaluation, classroom observation techniques, teacher information, Physical Education.

RESUMEN

El objetivo es diseñar, validar y demostrar la aplicabilidad y eficacia de un instrumento observacional sobre la información transmitida por el profesor en el marco educativo del aula de Educación Física. Se diseñó el instrumento "*Hoja de observación de vídeo: intervención didáctica*" y se aplicó a la observación de cinco sesiones grabadas de Educación Física orientadas a contenidos de salud. El instrumento demostró validez y fiabilidad para analizar la información emitida por el profesor, que contenía contenidos referentes a salud y a otro tipo de contenidos. Se aporta un instrumento válido y fiable para analizar la información del profesorado en contenidos de salud y, además, se corrobora su aplicabilidad en el aula de Educación Física para la evaluación del profesor.

PALABRAS CLAVE: evaluación del profesor, método de observación en el aula, información del profesor, Educación Física.

1. INTRODUCTION

In the educational context, clear evidence indicates that the teacher is considered an element in the teaching-learning process that should be evaluated, so that assessment centered exclusively on the student has evolved towards evaluating the teaching with respect not only to learning but also to the teacher's conduct. This approach, which should be a constant in the educational process, is key for improving teaching endeavor and ultimately for the effectiveness of the educational process in terms of better results in student learning. This constitutes the basic premise of the present study.

Evaluation, as a general term, involves objectives (Castillo and Cabrerizo, 2003) and principles (Blázquez, 1997) which are equally applicable to the specific appraisal of the teacher's role. The evaluation can be: initial-diagnostic to know and evaluate the initial conduct of the teacher; processual-formative to know and evaluate the work of the teacher and the degree to which the goals are achieved; or final-summative to know and evaluate the final results of the intervention process of the teacher. For this, it is necessary previously to establish the aims and the channel for improving the conduct of the teacher. The principles of the evaluation refer to several questions that are equally applicable to the specific assessment of the teacher: a) it should be a systematic activity guaranteeing the rigor and effectiveness of the teaching-learning process; b) it should be integrated in the educational process, an aspect that becomes accentuated when a teacher is to be appraised in a real, routine educational situation; c) it should take into account individual differences, considering that in theory there is the same heterogeneity among students as among teachers; and finally d) different means of evaluation should be used to corroborate the objectivity, validity, and reliability of the information compiled.

Teacher evaluation, according to Ibar (2002) can cover diverse aspects: personal factors (personal and social characteristics, habits, attitudes, and behavior), the teaching process, and orientation (style, preparation of the teaching environment, and attention to the student) and the results of the students (as a criterion of teacher evaluation)". While personal characteristics are more intrinsic to the teacher's personality, the aspect of observing the teacher's conduct during the classroom endeavor takes on importance for being a channel that the teacher can alter. Also, both aspects determine the effectiveness of the teaching-learning process, evaluated in most cases on the basis of the results of the students. Therefore, to center the evaluation on the observation of the students' results would make sense when the teacher's conduct is submitted to a parallel assessment to determine to what degree the teacher is responsible for the students' results and to be able to make suitable adjustments in the teacher's approach in order to improve professional performance in this educational role. This is key to enhancing the teaching-learning process (Sicilia, 2004).

Research in the teaching of Physical Education and sports reveals the great concern for analyzing and evaluating the behavior of teachers (Anderson, 1980; Carreiro Da Costa, 1995; Darst, Zakrajsek and Mancini, 1989; Delgado Noguera, 1989, 1998; Fraile, 2004; Haigh, 2010). The analysis and the assessment of the teaching duties as a means of improving the instruction quality is a concern of many researchers at present, such as Blanco Prieto (1994), Perrenoud (2004), Velázquez et al., (2007) and Sebastiani (2007). Any evaluation process requires a means of collecting and compiling information (López, 2004), and whatever the evaluation instrument, it must be valid (it must measure with exactitude what it is meant to measure) and reliable (it must be repeatable in giving the same value when the same measurement is repeated). A broad review by Delgado and Tercedor (2002) on the most frequently used instruments in the sphere of Physical Education, subsequent to the works of different authors such as Blázquez (1997) and Tenbrink (1999), described two main evaluation methods: observation methods and experimentation or performance methods. The observation method permits the analysis and evaluation of teaching behavior in the teaching-learning process.

The observation method is based on the perception of the observers, who are influenced by their level of theoretic and practice knowledge and experience in the subject. To increase the rigor of the observation, this should be planned with objectives and criteria, and should be systematic, complete, specific, and objectively recordable (Anguera, 1988).

This offers several advantages: compiling the information as it occurs; considering behavior that is not important for the subjects observed; and providing verbal information from those who does not use it (e.g. children, the mute) (Anguera, 1989). Pieron (1986) discusses two types of observation:

- Asystematic (observation without systematization, random)
- Scientific (criteria are established and specific data are observed, as in the present study).

It is necessary beforehand to define who is the observer, what should be observed, and how. The observation should be more descriptive than evaluative, attending aspects that can be measured from limited and specific behavior. The technological evolution, fundamentally of cameras and video recordings that enable images to be slowed and frozen, have improved the functionality and utility of the descriptive techniques of observation.

The observational method is an extraordinarily valid instrument to be used by the professional in teaching, both in ongoing evaluation as well as for research (Siedentop, 1998). This method, making it possible to study the behavior of teachers before groups of students, should be focused specifically on the aspect/s of the teacher to be observed, given that a plethora of possibilities that

can be pursued. The method requires an objective, systematic record specific to the conduct of the teacher to be observed within the teaching context. Once submitted to an appropriate codification and analysis, this approach provides valid results. Therefore, as a particular strategy of the scientific method, observational methodology helps quantify the behavior of subjects contextualized in a natural teaching-learning environment (i.e. not artificial) (Anguera 1987, 1988, 1989).

2. AIMS

Beginning with the necessity of evaluating the conduct of the teacher in the process of improving the teaching role and ultimately the teaching-learning process, and knowing the appropriateness of the observation method for analyzing the information that the teachers transmit in the Physical Education class, the aims of this study are:

- a) To design and validate a reliable observation instrument to analyze information that Physical Education teachers convey.
- b) To demonstrate the applicability and effectiveness of this instrument in a group of students of Secondary Education, analyzing the health-related information transmitted by the teacher.

3. MATERIALS AND METHODS

3.1. PARTICIPANTS IN THE STUDY

The present study had three categories of participants: teacher-researcher, students, and observers.

The key participant was the Physical Education teacher, who was the main element in the evaluation and also the main researcher. This teacher in question was new, with two years of experience at the time of the study, with a temporary post at the school where the research was conducted. The School Council and Teacher's Board, after being informed of the method and aims of the research of this study, approved its execution at the school and collaborated with interest.

The group studied consisted of 29 students at third level of E.S.O (compulsory secondary-school education), from a middle to middle-high socio-economic level. This group, 55% male and 45% female, were taught Physical Education in a program oriented towards health.

Three observers participated, these being students in their final year at the Science Faculty of Physical Activity and Sports of the University of Granada

(Spain), enrolled in the class of Teaching Analysis. After taking the theoretic part of the class, they undertook the practical part by watching videos and analyzing the information of the teacher who took part in the present study.

3.2. STUDY DESIGN

This was an observational study on the behavior of a teacher in Physical Education, spanning a period of 6 months during which the teacher taught a health-oriented Physical Education program composed of 5 didactic units (shown in Table 1). The novel aspect of this program was to combine the themes of health with basic subjects of physical condition, games and sports, activities in the natural environment, motor skills, and bodily expression, enabling an integrated treatment. Recently, a detailed account of this educational program has been published (Chillón, 2010).

Table 1. Didactic units: name contents.

<i>DIDACTIC UNITS</i>	<i>CONTENTS</i>	
	EF	HEALTH
1. Physical condition	Physical condition	Physical condition, health, interdisciplinary tasks in an orienteering race
2. Let's go to the circus	Motor abilities, artistic gymnastics	Importance of the back, flexibility, strength, stamina
3. Like Michael Jordan	Basketball	Healthy physical activity, cardio-respiratory stamina, diet
4. Acrossport and express yourself!	Human pyramids, bodily expression	Unadvisable exercises, being careful with the back and strengthening it, breathing, relaxation
5. Volleyball and up with nature!	volleyball, activities in the natural environment	hygiene and first aid, environmental conservation, how to organize a backpack, safety in the sports facilities

The observers analyzed the content of the information offered by the teacher in the Physical Education sessions, paying attention to whether or not reference was made to health. Also, this analysis constituted an evaluation of the intervention program itself, confirming whether the questions of health were in fact covered in the classes while evaluating the real activity of the teacher.

The methodological bases of the observation were:

--The observation was direct, by means of video, since this enabled live recording of the behavior with a very low level of inference.

--The observation was systematized in that the aim was precisely defined regarding the subjects and situation while the use of recording techniques guaranteed the precision of the results and allowed the compiling of quantifiable data. The instrument designed for this was called the “*Hoja de observación de vídeo: intervención didáctica* [Video observation sheet: didactic intervention]” (Chillón, 2005 and 2010; see Appendix I), focusing on the categorization of the information that the teacher presented referring to health, compiled on a record sheet.

For the statistical analysis, the data from the different observations of the various sessions analyzed were compiled using the program Excel for Windows XP of Microsoft Office and afterwards were transferred to the statistical program SPSS 14.0 for Windows. A descriptive analysis in each category gave the frequencies and percentages of the quantity of information gathered from the analysis.

3.3. TEMPORAL DISTRIBUTION OF THE STUDY

The steps followed in this study for the analysis of the information from the teacher in the Physical Education sessions were the following:

3.3.1. Recording of the sessions

The video recordings were made during the Physical Education session in the gymnasium or in the outside sports facility, with the video camera set at a fixed angle. During the application of the intervention program, 11 group sessions were recorded, of which 5 sessions were analyzed, excluding the sessions with a structure which did not fit the observation categories or which lacked sufficient technical quality for observation. The sessions differed in the contents of Physical Education and Health, offering heterogeneity and a broader range of examples in the observations. The sessions observed and analyzed are indicated in Table 2, specifying the number of the session, the content, and the order in which the observations were made.

Table 2. Sessions: number, content, and order of observation.

GROUP SESSION-	CONTENT (OBSERVATION)
4- 3 rd F	Basketball + healthy physical activity / pulse rate (5 th)

9- 3 rd F	Artistic gymnastics (upside-down balance)+ strength and stamina (3 rd)
10- 3 rd F	Basketball + progress and variety in training (6 th)
17- 3 rd F	Volleyball + injuries /first aid (2 nd)
21- 3 rd F	Volleyball+ health in the environment (10 th)

3.3.2. Preparation of the observation record sheet

An initial proposal was made concerning the instrument for observing the video recordings considering numerous categories in a mixed qualitative-quantitative way. The complexity of the instrument was determined with the opinion of a panel of experts and it was agreed that the record sheet should be focused on registering data in two categories, information and feedback. Also, a check list was prepared with different control tasks of the teacher in themes of health during the session. In the two categories, the differentiation of the information was proposed according to whether or not it belonged to a block of health, defining afterwards what was and was not considered health. After successive modifications of the instrument, on consulting experts and following the analysis of two sample sessions, an exhaustive definition was formulated of the categories information and feedback while differentiating subcategories for each. Thus, the record sheet of final observation had the following structure (Appendix I):

--Regarding information, the initial general data were differentiated (at the beginning of the session on informing at the general level concerning the content of the session and the tasks to be undertaken), the initial information of the task (referring to information given on explaining the tasks), and the initial information of organization (referring to the organization of the students, materials, or other elements of the teaching process), and these in turn could be a part of health or a different theme.

--Feedback was subdivided according to the general nature (referring to a group of students) or individual (referring to a single student) and to the focus of the health or of other themes. For both categories, five blocks of health were delineated according to the specific content, establishing a specific definition for each block: healthy habits of physical exercise, hygiene, and first aid, posture education, dietary habits, and spaces and materials.

--The third observation involved a monitoring list where various health-related aspects were proposed and the observer responded yes/no, according to whether or not the teacher controlled the aspects proposed. These were: student diaries, written tasks (conceptual, to be done at home or during the session), footwear, clothes, hair tidiness, tee-shirt cleanliness, hydration (water intake), following of safety rules of the facilities, following of safety rules for the

materials, exertion during the session (pulse taking), personal hygiene, student illness or injury.

Each category and subcategory was accompanied by examples and by an acronym to identify it quickly on the record sheet of the video observations. In the categories of information and feedback of health: healthy habits of physical exercise, hygiene, first aid, posture education, dietary habits, and spaces and materials.

Also, an instrument was added to collect the data during the observation and during the quantification of the data at the end of the each observation, preceded by a series of instructions and information of interest (e.g. duration and name of the observer).

3.3.3. Validity and reliability of the instrument

Any instrument requires the corroboration of its validity to measure the variables to be evaluated. For this, a meeting was held with experts to establish different categories and afterwards to make the proper modifications, increasing the validity of the instrument during the process of establishing the categories and during the training of the observers. Similarly, the doubts that arose among the observers in the analysis of the different sessions were discussed and solved by the experts according to logical criteria, these being maintained for each observation made.

The reliability of the instrument ensured that another observation made of the same video recording would give the same results. Several tasks were performed to guarantee the reliability of the instrument. First, two experts and three observers placed different quotes from the teacher in corresponding categories and analyzed also the first two sessions transcribed previously, finding a high degree of confidence (0.96) among them and clarifying pertinent doubts. The analysis of the first two sessions by the observers were made in the presence of the trainers, having reached a consensus.

3.3.4. Training of observers and the making of observations

Several meetings were held with the observers, establishing the categories and performing tasks to confirm the understanding of the categories and the functioning of the record sheet, as well as several trials of viewing two sessions as training in the presence of experts. The observers did not know that the group had received a specific intervention program oriented towards health from the area of Physical Education.

The instructions for the observational instrument were: to make the observation in a quiet place and write down doubts, noting the time when they arose according to the time shown on the video screen, and comparing it directly with

the experts, present in all the observations to dispel possible doubts. The observations were made in the faculty media room. The three observers attended the three categories during the training and during the other observations. This ensured greater reliability in the analysis, with three opinions available for each set of information (which also was accompanied by a high confidence index), reaching a strong consensus. The data compiled after each observation were written on the record sheet and the number of data in each category was quantified.

The temporal distribution of the steps discussed above for making the observations is displayed in Table 3.

Table 3. Temporal distribution of the video analysis.

<i>ACTIVITY</i>	<i>DATE</i>
Preliminary design of the instrument	25 November
Meeting with experts	27 November
Successive modifications of the instrument	27 Nov – 8 Jan
Training (observation 1)	9 and 21 January
Refresher training (observation1)	19 February
Observation 2	20 February
Observation 3	4 March
Observation 4	5 March
Observation 5	6 March

4. RESULTS AND DISCUSSION

The analysis of the observation results reveals data concerning the performance of the teacher in relation to the main aspect of this research, which is health.

The analysis can be summarized in two parts: the analysis of the information and feedback on health, and the control of the list of different tasks of health routinely presented in the sessions. We found no similar studies in the literature that apply the observational methodology in the recording of health information transmitted by the teacher, and therefore it is not possible to make comparisons with other works. This becomes evident with respect to the recording instrument designed and validated specifically with these specific objectives. There were, however, observational studies on teaching, focusing on different objectives and in other areas of activity, predominantly reading and writing, for example, a study that monitored the information presented by four primary-school teachers in classes related to reading and writing skills (Lantin, 2001).

4.1. INITIAL INFORMATION

The information presented by the teacher was organized from the didactic standpoint into three types of information: initial information of general nature (IG), initial information of the task (IT) and initial information on organization (IO).

--The IG was differentiated from the initial general health information (IGH) and general information of other types (IGO)². Table 4 presents the frequency or number of times that the teacher provided IGH and IGO to the group in all the sessions observed.

Table 4. Frequency and percentage of general information

		General information		Total
		IGH ^a	IGO ^b	
Group	Frequency	3	6	9
	% of information	33.3%	66.6%	100%

a. IGH = General information on health

b. IGO = General Information of other types

The group received the double of information of IGO than IGH, this corresponding to a third of the total information presented by the teacher.

--The IT is split into information of health tasks (IHT) and information on tasks of other types (ITO). A balance was found in the percentages of the two tasks (49.4% and 50.6% respectively), the concept of tasks of another type being broader and therefore more likely to be conveyed in information by the teacher. This implies that the health-related tasks were accentuated. These data, indicative of the distribution of the information on the task, correspond

² To facilitate the nomenclature, the types of information the term "initial" will be omitted in the abbreviations, tables, and graphs.

closely with the aims set out in the teaching program, which included tasks implicitly related to health.

--The IO was subdivided into information on the organization of health (IOH) and information on organization of other types (IOD), presenting greater difficulty in its discrimination although the observation instrument enabled clear differences to be drawn between the two. Normally, any type of information on organization implies a context of health to avoid possible accidents and to ensure a healthy physical-sports practice. In this case, it was agreed to consider only the IOH when it explicitly referred to health. This criterion is reflected in the percentages calculated: 5.5% of the IO referring to health as opposed to 94.5% referring to another type.

4.2. FEEDBACK

The feedback that the teacher offered was divided into two types: general feedback (GF) and individual feedback (IF).

--General feedback (GF) was split into Feedback on Health (GFH) and General Feedback of Other Types (GFO), according to the character of the information referring to health or other themes. Table 5 shows a considerable quantity of GFO in the teaching, representing 85.2% of the total GF presented, with the remaining 14.8% being GFH. This result is relevant in the effectiveness of the teaching-learning process, ensuring that the teacher continuously corrects the students in the different activities and reinforcing the constant relation between the teacher and student.

Table 5. Frequency and percentage of general feedback (GF)

		General Feedback		Total
		GFH ^a	GFO ^b	
Group	Frequency	16	92	108
	% feedback	14.8%	85.2%	100.0%

a. GFH = General Feedback on Health

b. GFO = General Feedback of Other Types

The feedback referring to health, GFH, was indicative of the specific contribution of feedback referring to the health to the students.

-- Individual Feedback (IF) was differentiated from Individual Feedback on Health (IFH) and Individual Feedback of Other Types (IFO). Again, the high frequency of 146 instances presented over the 5 sessions observed is relevant, representing a mean theoretic value of 29.5 individual feedback instances per session. More numerous were the 114 IFO with respect to the 32 IFH, with a value of 78.1% as opposed to 21.9%.

In general, there was a large number of feedback instances, with 254 in the 5 sessions observed (Table 6), of which 42.5% were general in nature (GF) while 57.5% were individual (IF), the latter being the majority. Nearly 20% of the feedback referred to themes of health and the final percentage referred to other themes or information presented by the teacher.

Table 6. Percentage of feedback according to type and group

	Nº total feedback instances = 254
GF / IF ^a	42.5% / 57.5%
HS / OF ^b	18.9% / 81.1%
	43.6% / 56.4%

a. GF = General Feedback; IF = Individual Feedback

b. HS = Health Feedback; OF= Other Feedback

Delgado Noguera (1990), in a doctoral thesis, presented quantitative criteria for evaluating the feedback provided by the Physical Education teacher, on a scale of four levels: bad, poor, good, and excellent. While the total feedback and the individual instances of feedback increased on the scale as the frequency increased, the instances of general feedback followed the opposite trend, their application being excellent when their frequency was lowest in the session. This author proposed a proportion of general and individual feedback of 16.4% and 83.6%, respectively, proportions that, though found in the present study, did not reach the established percentages considered demanding. The author established 60 total feedback instances per session as the limit value between the good and poor level, a value that matched the one in our study, considering that the 583 feedback instances recorded correspond to the 10 sessions analyzed, presenting a theoretic mean of 58.3 feedback instances per session of Physical Education.

In addition, of the total feedback, 18.9% included health (HF) while 81.1% referred to other types (OF). The higher percentage of FO is evident, forming part of the teacher-student interaction over the duration of the sessions. The other feedback had a broad framework of action and need in the Physical Education classes, referring to any action by the student or in response to tasks or to the organization of the task, session, or even the subject matter. In the intervention program of health-oriented Physical Education, more theoretic-practical aspects of health are imparted, reducing somewhat the time of physical activity that the students would otherwise have in a Physical Education class purely of sports, such as basketball. This could result in a lower application of feedback during the session than in completely practical tasks. The feedback of most of the theoretic tasks on health imparted during the session were presented in the second session of Physical Education with the corrections written and discussed by the teacher informing the student.

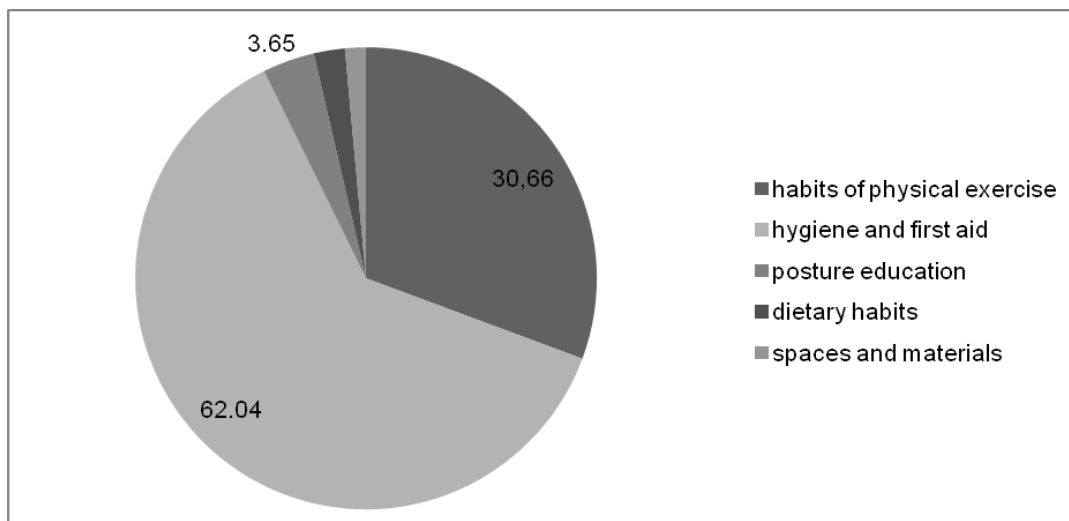
4.3. INFORMATION AND HEALTH FEEDBACK

Here, we focus exclusively on the information and feedback related to health. The information and feedback referring to health were divided into 5 groups according to the information: healthy habits of physical exercise (E), hygiene and first aid (H), healthy posture (P), dietary habits (D), and spaces and materials (M), attaching their definition and examples on the record sheet.

In view of the initial information (including the general information and that related to tasks and organization), a high amount referred to healthy habits of physical exercise (32) as well as to hygiene and first aid (50). These quantities resulted, though not exclusively, from the fact that one of the sessions observed dealt with volleyball and first aid jointly, frequently offering specific information on hygiene and first aid.

The same was true of the information on healthy habits in physical exercise, analyzing the session that dealt specifically with these subjects. The analysis of feedback, beginning with the clear predominance of individual feedback, a total of 10 feedback instances were conveyed, referring to healthy habits of physical exercise and 35 of hygiene and first aid, justified as explained above in the information on the sessions analyzed. Feedback on good posture and care of spaces and materials were glaringly absent, with only one feedback instance on posture and none on spaces and materials in the sessions analyzed.

In a general count, considering both types of information (initial and feedback), Graph 1 shows the percentage proportion of the different health themes, reflecting the clear dominance of the themes of health and first aid, with 62% followed by 30% of healthy habits of physical exercise, and the rest of the subjects presented minority percentages.



Graph 1. Percentages of Information and Feedback on Health

5. CONCLUSIONS AND LIMITATIONS

In conclusion, this study has achieved the objectives stated at the outset:

- a) A valid and reliable observation instrument has been designed for the analysis of information presented by Physical Education teachers.
- b) The applicability and effectiveness of this instrument has been demonstrated in a group of secondary-school students, analyzing the information that the teacher presented in relation to health

The need to evaluate the specific subjects of health beginning with the information presented by the teacher in the area of Physical Education, and the absence of an instrument with these characteristics were the incentives to define and formulate the observational instrument. The rigorous process of confirming its validity and reliability, with the use of experts and reliability studies using experts and observers, appears to confirm that the instrument of observational methodology is apt for application in similar situations and for comparable objectives.

In addition, the analysis of the information presented by the teacher gave quantifiable results that corroborate the presence of themes of health in the sessions and the appropriate application of the intervention program of Physical Education oriented towards health. These results correspond positively to the planning and the solidity of the teaching program and of the instrument. The initial information, concerning the organization of the task, as well as feedback of the general and individual type presented by the teacher, refer both to themes of health as well as to other subject matters. However, those referring to any other subjects, for their broader field of action, constitute the majority. The information on health is focused mainly on the initial information of tasks, representing almost half of the total of this information. In terms of feedback, the information on health centers more on the individual than on general feedback. Of the information and feedback presented concerning health, the main thrust was in themes of hygiene, first aid, and healthy habits of physical exercise. This analysis corroborates and ensures the applicability and effectiveness of the instrument formulated, called "*Hoja de observación de vídeo: intervención didáctica* [Video observation sheet: didactic intervention]" (Appendix I) in the Physical Education Classroom.

The present study has several limitations. First, the specificity of the instrument formulated hampers broad use, being focused on the discipline of Physical Education and the themes of health, beginning with the information presented by the teacher. However, this instrument can serve as a guide to formulate comparable observational instruments for teachers in other disciplines and could be adapted to other goals. Secondly, the specific results of the information analysis come from five sessions of observation, which, though they constitute a strong representation of the teaching program applied, any generalization of the results should be interpreted with caution. It is advisable to analyze, as far as possible, a number of sessions that can be generalized in

the teaching program to be evaluated; nevertheless, technological limitations and defective recordings can diminish the total number of samples (in this case sessions) to be analyzed.

Finally, a major point to highlight is that the teachers simultaneously take on the role of researchers of their own teaching-learning process, this being an important milestone established by Stenhouse (1982), demonstrating that the teachers can conduct research in their classroom, a task that should be encouraged and fomented among teachers. The observational method is applicable by the teacher in order to improve teaching within the context of research-action in the classroom. In addition, it is a useful and effective tool to improve the quality of the teaching-learning process.

6. REFERENCES

- Anderson, W. G. (1980). *Analysis of Teaching Physical Education*. St Louis: Mosby.
- Anguera, M^a.T. (1987). *Prácticas de observación*. Buenos Aires: Trillas.
- Anguera, M^a.T. (1988). *Observación en la escuela*. Barcelona: Graó.
- Anguera, M^a.T. (1989). *Metodología de la observación en las ciencias humanas*. Madrid: Cátedra.
- Blanco Prieto, F. (1994). *La evaluación en la educación secundaria*. Salamanca: Amarú.
- Blázquez, D. (1997). *Evaluar en Educación Física*. Barcelona: Inde.
- Carreiro da Costa, F. (1995). *O sucesso pedagógico em Educação física. Estudo das condições e factores de ensino-Aprendizagem Associados ao Exito numa Unidade de Ensino*. Universidade técnica de Lisboa, Faculdade de Motricidade Humana: Edições FMH.
- Castillo, S. y Cabrerizo, J. (2003). *Evaluación Educativa y Promoción Escolar*. Madrid: Pearson-Prentice Hall.
- Chillón, P. (2005). Efectos de un programa de intervención de Educación Física para la Salud en adolescentes de 3^o de E.S.O. *Tesis doctoral inédita*. Granada: Universidad de Granada.
- Chillón, P. (2010). *Unidades Didácticas de Educación Física orientadas a la salud en Secundaria*. Barcelona: Inde.
- Darst, P. W., Zakrajsed, D. B. y Mancini, V. H. (1989). *Analyzing Physical Education and Sport Instruction*. Champaign, Illinois: Human Kinetics Books.
- Delgado, M. y Tercedor, P. (2002). Estrategias de intervención en Educación para la salud desde la Educación Física. *Barcelona: Inde*.
- Delgado Noguera, M. A. (1989). Análisis de la interacción en las clases de Educación Física. *Apunts. Educació Física i Esports*. Monográfico: Educación Física: Pedagogía Renovadora. Nº 16 - 17 Junio - Septiembre.
- Delgado Noguera, M.A. (1990). Influencia de un entrenamiento docente durante las prácticas docentes sobre alguna de las competencias del profesor de Educación Física. *Tesis doctoral inédita*. Granada: Universidad de Granada.
- Delgado Noguera, M. A. (1998). Análisis de enseñanza de la Educación Física. ¿Estímulo o amenaza? En: Ruiz Juan, F.; García López, A. y Casimiro Andújar, A. (Coord.) (1998). *Nuevos horizontes en la Educación Física y el Deporte escolar* (pp. 87-99). Málaga: IAD.
- Fraile, A. (Coord.) (2004). *Didáctica de la Educación Física. Una perspectiva crítica y transversal*. Madrid: Biblioteca Nueva.
- Haigh, A. (2010). *Enseñar bien es un arte. Sugerencias para principiantes*. Madrid: Narcea.
- Ibar, Mariano. (2002). *Manual general de evaluación*. Barcelona: Octaedro-EUB.
- Lantin, A. (2001). An empirical study of a district wide K-2 performance assessment program: teacher practices, information gained and use of

- assessment results. En: *Annual Meeting of the American Educational Research Association*. Seattle (WA): American Educational Research Association.
- López, V. (2004) La participación del alumnado en los procesos evaluativos: la autoevaluación y la evaluación compartida en Educación Física. En Fraile, A. (Coord.) (2004). *Didáctica de la Educación Física. Una perspectiva crítica y transversal* (pp. 265-287). Madrid: Biblioteca Nueva.
- Perrenoud, P. (2004, 7ª ed). *Diez nuevas competencias para enseñar*. Barcelona: Graó
- Pieron, M. (1986). *Enseñanza de las actividades físicas y deportivas. Observación e Investigación*. Málaga: Unisport.
- Sebastiani, E. M. (2007). Les competències del teacher d'Educació Física de Secundària a Catalunya. Una proposta categorial per a la seva anàlisi. *Tesis doctoral*. Universitat Ramon Llull.
- Siedentop, D. (1998). *Aprender a enseñar la Educación Física*. Barcelona: Inde.
- Sicilia, A. (2004). La interacción didáctica en educación. En Fraile, A. (Coord.) (2004). *Didáctica de la Educación Física. Una perspectiva crítica y transversal* (pp. 237-263). Madrid: Biblioteca Nueva.
- Tenbrink, T. (1999). *La evaluación. Guía práctica para los profesores*. Madrid: Narcea
- Stenhouse, L. (1982). The conduct, analysis and reporting of case study in educational research and evaluation', in McCormick, R. (ed.). *Calling education to account*. London: Heinemann/Open University Express.
- Velázquez, R. et Al. (2007). Calidad de enseñanza en Educación Física y Deportiva y discurso docente: el caso de la Comunidad de Madrid. *Revista de Educación*, 344, 447-467.

Referencias totales / Total references: 28 (100%)

Referencias propias de la revista / Journal's own references: 0

Anexo I. HOJA DE OBSERVACIÓN DE VÍDEO: INTERVENCIÓN DIDÁCTICA

1. INFORMACIÓN (INF)

DIMENSIÓN: Información Inicial General (IIG): es la información que se da al principio de la sesión para realizar una presentación general de la misma.

CATEGORÍA: Información Inicial General de Salud (IGS): se recoge la información inicial general que trata sobre temas relacionados con contenidos de salud conceptuales (explicaciones teóricas, tareas conceptuales), procedimentales (tareas motrices a realizar) y actitudinales (normas de higiene, seguridad).

Ejemplo: *“hoy vamos a hacer hincapié en algunos ejercicios desaconsejados”; “recordar que debéis ajustar los cordones del calzado y recoger el pelo para que no moleste en la cara”.*

CATEGORÍA: Información Inicial General de Otro tipo (IGO): se recoge la información inicial general que no trata de forma explícita la salud.

Ejemplo: *“el contenido de la sesión de hoy es ver tipos de lanzamientos en baloncesto”; “aprenderemos a realizar el toque de antebrazos en voleibol”. “A ver si trabajamos todos hoy en la clase, os agrupamos en parejas”*

DIMENSIÓN: Información Inicial de las Tareas /Organización durante la sesión (IID): información realizada por el profesor /a durante la sesión acerca de la realización de las tareas o sobre la organización de las tareas a realizar durante la sesión.

Son de dos tipos:

- **Información inicial de la Tarea (IIT):** presentación directa de la tarea, habilidad o situación motriz a realizar.
- **Información inicial de Organización (IIO):** explicación de las normas de organización del alumnado en las tareas, durante las explicaciones y evoluciones del grupo en la clase.

CATEGORÍAS: Información inicial de la Tarea de Salud (ITS): en esta categoría se recoge la información de las tareas o actividades sobre contenidos de salud (Ejemplo: *“vamos a realizar 20 abdominales realizando la respiración adecuada”; “realizar la actividad escrita de condición física saludable en casa”*) y aspectos de salud mencionados al explicar otras tareas (Ejemplo: *“jugamos al baloncesto pero controlando la intensidad tomando pulsaciones”*).

Información inicial de la Tarea de Otro tipo (ITO): en esta categoría se recoge la información de las tareas o actividades que no tratan contenidos de salud.

Ejemplo: *“realizamos carreras de relevos a pata coja”; “situación reducida de 2 x 2 en voleibol golpeando el balón con toque de dedos exclusivamente”.*

CATEGORÍAS: Información inicial de la Organización relacionada con la Salud (IOS) : información de la organización de la clase relacionada con aspectos saludables: normas de agrupamiento, normas de seguridad para la práctica.

Ejemplo: *“cada pareja debe realizar la ayuda al compañero que ejecuta el volteo para no lesionarse”; “separar las colchonetas de la pared”; “coger la colchoneta en parejas para no arrastrarlas, que se estropean”.*

Información de la Organización de Otro tipo (IOD): información de la organización de la clase que no trata de forma explícita aspectos de salud.

Ejemplo: “agruparos en tríos con balón”; “ubicaros al final del campo en fila india”.

- La información sobre salud se clasifica atendiendo a los siguientes contenidos:
 1. **Hábitos saludables de esfuerzo físico (E):** hace referencia a aquellas normas, conocimientos, procedimientos, directrices o criterios que debe cumplir la estructura global de una sesión o las actividades que la conforman para configurar una conducta de práctica física saludable. Destacar las siguientes: estructura de la sesión adecuada (calentamiento, parte principal y vuelta a la calma) con mención explícita a la salud, ejercicios de respiración y / o relajación, ejercicios aconsejados / desaconsejados, sugerencias y actividades para el desarrollo de la condición física orientada a la salud, control de intensidad.
Ejemplo: “vamos a tomarnos la frecuencia cardíaca”; “intentamos respirar acumulando el aire en el abdomen”.
 2. **Higiene y primeros auxilios (H):** hace referencia a las recomendaciones, normas, conocimientos y procedimientos que se indican sobre cuestiones de higiene corporal y vestimenta, así como sobre las causas de lesiones, normas de prevención y primeros auxilios.
Ejemplo: “nos atamos bien el calzado ajustándolo”; “vamos a aprender cómo tratar las lesiones deportivas principales”.
 3. **Educación postural (P):** hace referencia a los conocimientos, normas y procedimientos que se deben de desarrollar para generar, mantener o modificar la actitud o postura corporal hacia una forma adecuada: colocación y cinética de la espalda (pies, rodillas y caderas), posturas en actividades rutinarias.
Ejemplo: “es mejor transportar la mochila en la espalda con las dos asas que con sólo una”; “es fundamental el tono muscular del abdomen y de la zona lumbar para mantener la espalda extendida”.
 4. **Hábitos alimenticios (A):** hace referencia al conocimiento, normas y procedimientos que se deben de tener para considerar los hábitos alimenticios como saludables. Entre ellos se incluirían aspectos de hidratación, energía y nutrición, distribución de las comidas en el día (desayuno), modas y hábitos consumistas, enfermedades del comportamiento alimentario.
Ejemplo: “ahora vamos a beber agua para hidratarnos”; “es importante que desayunéis todos los días aunque tengáis que madrugar un poco más”.
 5. **Espacios y materiales (M):** hace referencia al conocimiento y procedimientos que se deben de dominar para poder realizar un análisis del estado de espacios y materiales deportivos, con el fin de poder realizar una práctica física con el mínimo de riesgos: seguridad en las instalaciones y condiciones de los materiales.
Ejemplo: “para realizar actividad física en un gimnasio se debe tener iluminación, ventilación y temperatura adecuada”; “valorar la seguridad del suelo al hacer actividad física: si hay gravilla, charcos o escurre demasiado”.

* **Indicar en la tabla de registro sobre información de salud, el bloque al que pertenece utilizando las siglas correspondientes.**

HOJA DE REGISTRO DE LA INFORMACIÓN

Nombre observador /a: _____ Fecha observación: _____ Hora: _____
 Nombre profesora: _____
 Curso y grupo: _____ N° sesión: _____ Fecha de la sesión: _____
 Contenido sesión (según observadores): _____

Instrucciones para rellenar la hoja de registro:

1º. La sesión de análisis tienes que realizarla en un lugar tranquilo sin elementos que distorsionen el visionado.

2º. Repite la audición si tienes duda acerca de la categorización de la conducta.

3º. Marca el tiempo o pasos del magnetoscopio cuando tengas alguna duda para poder repasar la audición y localizar la información que planteo duda.

4º. Las categorías no relacionadas con la salud se indican en la casilla correspondiente con una marca (I).

5º. Las categorías relacionadas con la salud se indican con la letra que corresponda: E, H, P, A ó M.

¡ánimo, el éxito comienza en la voluntad!

INFORMACIÓN INICIAL GENERAL (IIG)

IGS													
IGO													

INFORMACIÓN INICIAL DURANTE LA SESIÓN (IID)

ITS												
IOS												
ITO												
IOD												

RESUMEN DE LOS DATOS (INF)

1. Información inicial general (IIG)

Nº total:	Fr.	%
IGO		
IGS		
E		
H		
P		
A		
M		

Fr.= frecuencia
% = porcentaje

2. Información inicial durante la sesión (IID)

Nº total:	Fr.	%
ITS *		
IOS**		
ITD		
IOD		

*	Fr.	%
ITS		
E		
H		
P		
A		
M		

**	Fr.	%
IOS		
E		
H		
P		
A		
M		

Fr. = frecuencia
% = porcentaje

3. Nº total de información: _____

Nº de información de Salud: IGS + ITS + IOS = _____ , _____%

Nº de información de otros contenidos: IGO + ITO + IOD = _____ , _____%

- Información de salud:

	E		H		P		A		M	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
IGS										
ITS										
IOS										

Fr.= frecuencia

% = porcentaje

- Información de otros contenidos:

	Fr.	%
IGO		
ITO		
IOD		

Fr.= frecuencia

% = porcentaje

2. FEEDBACK (FEB)

Información que ofrece la profesora sobre la actuación del alumno /a tras haber recibido información previa y como reacción a la actuación del alumnado en la que se aporta conocimiento de la ejecución o de los resultados. También se considera si realiza preguntas relacionadas con lo que está realizando y cuando anima a la participación y realización de las tareas.

Si existe duda al diferenciar si es información o feedback se atiende a la actividad del alumnado: si no realizan actividad física y/o cognitiva es información y si están realizando alguna actividad es feedback.

DIMENSIÓN: Se atiende a los dos criterios expuestos:

Feedback General (FBG): se dirige al grupo completo o parcial de alumnos (mínimo dos alumnos).

Feedback Individual (FBI): se dirige a un alumno.

CATEGORÍAS: se diferencian cuatro categorías:

Feedback General de salud (FGS): información tras la ejecución relacionada con aspectos de salud dirigida a más de un alumno /a.

Ejemplo: “poner bien la espalda contrayendo el abdomen”; “ayudar a los compañeros para que no se hagan daño en la espalda”.

Feedback General de Otro tipo (FGO): información tras la ejecución que no trata de forma explícita contenidos de salud dirigida a más de un alumno /a.

Ejemplo: “intentar pasar el balón más rápido”, “¡ánimo muchachos!”.

Feedback Individual de Salud (FIS): información tras la ejecución relacionada con aspectos de salud dirigida a un alumno /a.

Ejemplo: *“¡cuidado, átate el cordón!”; “ no corras cerca del charco”.*

Feedback Individual de Otro tipo (FIO): información tras la ejecución que no trata de forma explícita contenidos de salud dirigida a un alumno /a.

Ejemplo: *“extiende el brazo al lanzar”; “¡venga, que puedes!”.*

-
- El feedback sobre salud se clasifica atendiendo a los siguientes contenidos:
 1. **Hábitos saludables de esfuerzo físico (E):** hace referencia a aquellas normas, conocimientos, procedimientos, directrices o criterios que debe cumplir la estructura global de una sesión o las actividades que la conforman para configurar una conducta de práctica física saludable. Destacar las siguientes: estructura de la sesión adecuada (calentamiento, parte principal y vuelta a la calma) con mención explícita a la salud, ejercicios de respiración y /o relajación, ejercicios aconsejados /desaconsejados, sugerencias y actividades para el desarrollo de la condición física orientada a la salud, control de intensidad.
Ejemplo: *“¡intenta disminuir la intensidad de la carrera, que estamos calentando!”; “si no mantenéis silencio no podemos relajarnos”.*
 2. **Higiene y primeros auxilios (H):** hace referencia a las normas, conocimientos, recomendaciones y procedimientos que se indican sobre cuestiones de higiene corporal y vestimenta, así como sobre las causas de lesiones, normas de prevención y primeros auxilios.
Ejemplo: *“¿te pusiste hielo en la pierna cuando te golpeaste?”; “ya se te ha olvidado traer la camiseta de repuesto dos días seguidos”.*
 3. **Educación postural (P):** hace referencia a los conocimientos, normas y procedimientos que se deben de desarrollar para generar, mantener o modificar la actitud o postura corporal hacia una forma adecuada: colocación y cinética de la espalda (pies, rodillas y caderas), posturas en actividades rutinarias.
Ejemplo: *“recordar coger la colchoneta con la espalda extendida”; “os repito que es mejor acostarse de lado en posición fetal”.*
 4. **Hábitos alimenticios (A):** hace referencia al conocimiento, normas y procedimientos que se deben de tener para considerar los hábitos alimenticios como saludables. Entre ellos se incluirían aspectos de hidratación, energía y nutrición, distribución de las comidas en el día (desayuno), modas y hábitos consumistas, enfermedades del comportamiento alimentario.
Ejemplo: *“debéis intentar comer en el recreo bocadillo o fruta en vez de dulces”; “Pepito, debes acostumbrarte a beber agua como tus compañeros hacen”.*
 5. **Espacios y materiales (M):** hace referencia al conocimiento, normas y procedimientos que se deben de dominar para poder realizar un análisis del estado de espacios y materiales deportivos, con el fin de poder realizar una práctica física con el mínimo de riesgos: seguridad en las instalaciones y condiciones de los materiales.
Ejemplo: *“¡cuidado con la portería!, alejaros para que no os choquéis”; “recuerdo que no arrastréis las colchonetas para evitar que se rompan y ensucien (se observa que el alumnado las arrastraba)”.*

*** Indicar en la tabla de registro sobre información de salud, el bloque al que pertenece utilizando las siglas correspondientes.**

HOJA DE REGISTRO DEL FEEDBACK

Nombre observador /a: _____ Fecha observación: _____ Hora: _____
 Nombre profesora: _____
 Curso y grupo: _____ N° sesión: _____ Fecha de la sesión: _____
 Contenido sesión (según observadores): _____

Instrucciones para rellenar la hoja de registro:

1º. La sesión de análisis tienes que realizarla en un lugar tranquilo sin elementos que distorsionen el visionado.

2º. Repite la audición si tienes duda acerca de la categorización de la conducta.

3º. º. Marca el tiempo o pasos del magnetoscopio cuando tengas alguna duda para poder repasar la audición y localizar la información que planteo duda.

4º. Las categorías no relacionadas con la salud se indican en la casilla correspondiente con una marca (l).

5º. Las categorías relacionadas con la salud se indican con la letra que corresponda: E, H, P, A ó M.

¡ánimo, el éxito comienza en la voluntad!

FEEDBACK

FGS																				
FIS																				
FGO																				
FIO																				

RESUMEN DE LOS DATOS (FEB)

Nº total:	Fr.	%
FGS *		
FIS**		
FGO		
FIO		

Fr.= frecuencia
%=porcentaje

*	Fr.	%
FGS		
E		
H		
P		
A		
M		

**	Fr.	%
FIS		
E		
H		
P		
A		
M		

Nº total de feedback: _____

Nº de feedback de salud: FGS + FIS = _____, _____%

Nº de feedback de otros contenidos: FGO + FIO = _____, _____%

Nº de feedback generales: FGS + FGO = _____, _____%

Nº de feedback individuales: FIS + FIO = _____, _____%

- Feedback de Salud:

	E		H		P		A		M	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
FGS										
FIS										

Fr. = frecuencia %= porcentaje

- Feedback de otros contenidos:

	Fr.	%
FGO		
FIO		

Fr. = frecuencia %= porcentaje

RESUMEN INFORMACIÓN Y FEEDBACK:

Número total INF: _____, _____%

Número total FEB: _____, _____%

Número total de INF Salud + FEB Salud: _____

	E		H		P		A		M	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
INF S										
FEB S										

Fr.= frecuencia

%= porcentaje

3. TAREAS DE SALUD

DEFINICIÓN DE LAS TAREAS:

1. **Diario de los alumnos /as:** si la profesora recoge, solicita, o recuerda al alumnado que realiza diario (sólo algunos) que deben completarlo o entregarlo en la sesión o próximamente; así como otras explicaciones o correcciones referentes al diario (normalmente la profesora controla los diarios al inicio de la sesión al pasar lista y los corrige al final de la sesión).
Ejemplo: *“os recuerdo que el próximo día debéis entregar el diario puesto al día”.*
2. **Tareas escritas –conceptuales- (a realizar en casa o en la sesión):** si la profesora recoge, solicita al alumnado las tareas escritas a realizar en casa o en la sesión o indica realizar tareas escritas durante la sesión o para casa o recuerda la realización de tareas pendientes (las tareas de casa se suelen recoger al inicio de la sesión y las propias de la sesión al final de ésta).
Ejemplo: *“cada equipo coge un bolígrafo y debe realizar la tarea y entregarla”.*
3. **Calzado:** si la profesora controla de forma verbal o no verbal que el alumnado lleve el calzado adecuado para realizar Educación Física y en condiciones idóneas – cordones ajustados- (normalmente lo realiza al inicio de la sesión al pasar lista).
Ejemplo: *“María, intenta ajustar el calzado”.*
4. **Indumentaria:** si la profesora controla de forma verbal o no verbal que el alumnado vista ropa adecuada para realizar práctica deportiva (normalmente al pasar lista al inicio de la sesión va observando cada alumno y anota si alguien no cumple esta norma).
Ejemplo: *“¡bien!, todos lleváis ropa idónea para realizar actividad física”.*
5. **Pelo recogido del alumnado:** si la profesora controla que el alumnado con pelo largo lo recoja con una goma o pasador para evitar que le interfiera en la cara al realizar Educación Física (se suele controlar al inicio de la sesión o durante ésta).
Ejemplo: *“¿tienes goma del pelo para recogerlo? Si no, te presto una”.*
6. **Camiseta limpia:** si la profesora controla que el alumnado traiga una camiseta limpia para cambiarse al final de la sesión (se realiza al inicio de la sesión al pasar lista preguntando alumno por alumno).
Ejemplo: *“al pasar lista, decidme si habéis traído la camiseta limpia”.*

7. **Hidratación (beber agua):** si la profesora recuerda o solicita al alumnado que beban agua durante o al final de la sesión.
Ejemplo: *“ahora, id a bebed agua el que quiera”*.
8. **Normas de seguridad de instalaciones:** si la profesora explica, recuerda o incide en normas de seguridad de las instalaciones deportivas (gimnasio o pista polideportiva) favoreciendo una Educación Física más segura.
Ejemplo: *“alejad la colchoneta de la pared para evitar chocar”*.
9. **Normas de seguridad del material:** si la profesora atiende a las normas de seguridad del material solicitando un adecuado uso y respeto por el material por parte del alumnado.
Ejemplo: *“no golpear el balón de voleibol con el pie que se apepina”*.
10. **Intensidad de la sesión (tomas de FC):** si la profesora controla la intensidad de la sesión en el alumnado utilizando una o más tomas de frecuencia cardiaca a lo largo de la sesión.
Ejemplo: *“nos tomamos la frecuencia cardiaca: ya!...(a los 10 segundos)..jija!”*
11. **Aseo:** si la profesora controla y exige que el alumnado se asee al final de la sesión en los servicios del instituto: refrescarse con agua, cambiarse camiseta , ponerse colonia.
Ejemplo: *“id al servicio y asearos”*.
12. **Alumnado con enfermedad /lesión:** la profesora controla que los posibles alumnos /as que tengan alguna enfermedad o lesión temporal participen en la sesión con tareas alternativas (suele ocurrir con poca frecuencia en las sesiones).
Ejemplo: *“si de verdad no puedes participar en la clase, vas a ser la camara-woman grabando la sesión”*.

LISTA DE CONTROL TAREAS SALUD

Nombre observador /a: _____ Fecha observación: _____ Hora: _____
 Nombre profesora: _____
 Curso y grupo: _____ Nº sesión: _____ Fecha de la sesión: _____
 Contenido sesión (según observadores): _____

Instrucciones para rellenar la hoja de registro:

1º. La sesión de análisis tienes que realizarla en un lugar tranquilo sin elementos que distorsionen el visionado.

2º. Repite la audición si tienes duda acerca de la categorización de la conducta.

3º. Rodear la opción observada (Si o No) en la grabación de la sesión.

¡ánimo, el éxito comienza en la voluntad!

La profesora controla en sus clases:

1. Diario de los alumnos /as:	SI / NO
2. Tareas escritas –conceptuales- (a realizar en casa o en la sesión):	SI / NO
3. Calzado:	SI / NO
4. Indumentaria:	SI / NO
5. Pelo recogido del alumnado:	SI / NO
6. Camiseta limpia:	SI / NO
7. Hidratación (beber agua):	SI / NO
8. Normas de seguridad de instalaciones:	SI / NO
9. Normas de seguridad del material:	SI / NO
10. Intensidad de la sesión (tomas de FC):	SI / NO
11. Aseo:	SI / NO
12. Alumnado con enfermedad/lesión:	SI / NO