

Fitness Evaluation Form

Name: _____

Date: _____ Date of last assessment: _____

1 st Assessment	2 nd Assessment	3 rd Assessment
Date:	Date:	Date:
Score:	Score:	Score:

*Body composition measurements may be taken more frequently.

After completing your 1st assessment, set a realistic long-term goal fitness and wellness goal.

Design an action plan to reach to reach that goal.

After the 2nd assessment, reevaluate your long-term fitness and wellness goal. Is your goal unattainable, or too easy?

What, if any changes should be made?

Is your fitness program leading to the desired results? If no, what changes should be made? (Example: change diet, add cardio, and change type of resistance training)

After the last assessment, did you reach your long term goal?