Fitness Evaluation Form

Name: _______________________________________

Date: __________________  Date of last assessment: ______________________

<table>
<thead>
<tr>
<th>1st Assessment</th>
<th>2nd Assessment</th>
<th>3rd Assessment</th>
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<tbody>
<tr>
<td>Date:</td>
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<td>Score:</td>
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*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 that goal.

After the 2nd assessment, revaluate 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?