

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

Teacher: \_\_\_\_\_

Class Color: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
<b>Category to Improve</b>						
<b><u>Exercise/Activity</u></b> Weights/Equipment Time/Reps						
<i>Parent Initials</i>						
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<b><u>Exercise/Activity</u></b> Weights/Equipment Time/Reps						
<i>Parent Initials</i>						

Test Score BEFORE Fitness Plan: \_\_\_\_\_

Test Score AFTER Fitness Plan: \_\_\_\_\_