**Fitness Goal Setting**

**2014**

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

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| Type of Fitness | How did I do? | What will I do to address this?  (Type of exercise, or for body composition, diet. May list more than one) | QUANTIFY: How many, how often |
| Body Composition |  |  |  |
| Strength |  |  |  |
| Aerobics |  |  |  |
| Flexibility |  |  |  |