

PERSONAL ACTIVITY PLAN

Name: _____

Date: _____

START OF YEAR

CADET FITNESS ASSESSMENT RESULTS

Assessment	Score
Cardiovascular	
PACER	
Muscular Strength	
Curl-Up	
Push-Up	
Muscular Flexibility	
Trunk Lift	
Shoulder Stretch	Right:
	Left:
Back-Saver Sit and Reach	Right:
	Left:

CURRENT ACTIVITIES

List the activities that you participated in over the past week.

Date	Activity	Duration	Type of Activity	Intensity of Activity

Date	Activity	Duration	Type of Activity	Intensity of Activity

Areas That Need Improvement:

1. _____
2. _____
3. _____

GOALS

Remember that goals must be:

- **S**pecific,
- **M**easurable,
- **A**chievable,
- **R**elevant, and
- **T**imed.

Long-Term Goal for the Training Year: _____

Short-Term Goals:

Goal	Date to Achieve By	Date Achieved

PLANNED ACTIVITIES

List the activities that you plan to participate in.

Week	Activity	Was the Activity Completed?	Why Was the Activity Not Completed?

Week	Activity	Was the Activity Completed?	Why Was the Activity Not Completed?

END OF YEAR

CADET FITNESS ASSESSMENT RESULTS

Assessment	Score
Cardiovascular	
PACER	
Muscular	
Curl-Up	
Push-Up	
Flexibility	
Trunk Lift	
Shoulder Stretch	Right:
	Left:
Back-saver Sit and Reach	Right:
	Left:

Areas That Need Improvement:

1. _____
2. _____
3. _____

Short-Term Goals:

Goal	Date to Achieve By	Date Achieved

PLANNED ACTIVITIES

List the activities that you plan to participate in.

Week	Activity	Was the Activity Completed?	Why Was the Activity Not Completed?

REFLECTION

Was your long-term goal for the training year met? _____

If applicable, why was your long-term goal not met? _____

What is your long-term goal following the completion of this training year? _____

List Some Short-Term Goals That Will Help you Achieve Your Long-Term Goal:

Goal	Date to Achieve By	Date Achieved