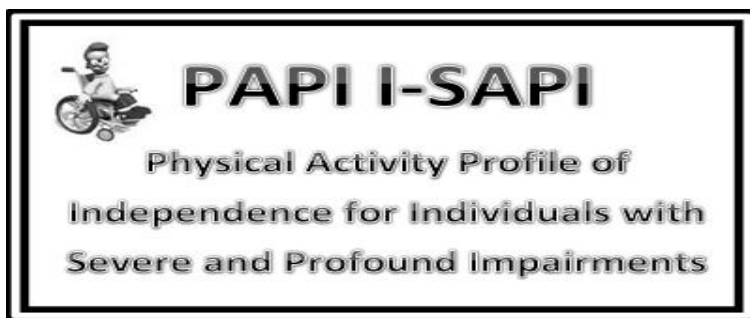


Personal Fitness Plan



Name

School Year

Adapted Physical Education/Physical Education Parent Survey

Dear Parent(s)/Guardian(s):

Throughout the school year your child has been participating in a variety of gross motor activities that aim to enhance muscular strength, body awareness, flexibility, cardiovascular endurance, body coordination, and social skills. In order to meet your child's individual needs and interests, it is important for me to gain more knowledge about your child's physical activity outside of school, along with the interests and activities of family members. Please take some time to fill out the survey below.

Please return this form to _____ by sending it back to school in your child's book bag

What activities does your child participate in outside of school?

Check all that apply:

<input type="checkbox"/>	Walking	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Running	<input type="checkbox"/>	Ice Skating/Roller Skating
<input type="checkbox"/>	Exercising at home/fitness center	<input type="checkbox"/>	Dancing
<input type="checkbox"/>	Socializing with peers	<input type="checkbox"/>	Watching sports on t.v
<input type="checkbox"/>	Special Olympics	<input type="checkbox"/>	Horseshoes/Beanbag Toss(Corn-hole)
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Miniature Golf
<input type="checkbox"/>	Bicycle Riding	<input type="checkbox"/>	Bowling
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Bocce
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Frisbee
<input type="checkbox"/>	Playground	<input type="checkbox"/>	Racquet Activities (Badminton, Tennis)

Other:

What activities does your family do as a group?

Check all that apply:

<input type="checkbox"/>	Hiking/Walking	<input type="checkbox"/>	Bicycle Riding
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Running
<input type="checkbox"/>	Ice Skating/Roller Skating	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Lawn Games (Bocce or horseshoes)	<input type="checkbox"/>	Exercising at home/fitness center
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Play with balls/Frisbees

Other:

Turn Over →

What activities do you (parent(s)/guardian(s)) do in your free time?

Check all that apply:

<input type="checkbox"/>	Hiking/Walking	<input type="checkbox"/>	Climbing
<input type="checkbox"/>	Bicycle Riding	<input type="checkbox"/>	Horseback Riding
<input type="checkbox"/>	Running	<input type="checkbox"/>	Bowling
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Exercising at home/fitness center
<input type="checkbox"/>	Canoeing/Kayaking	<input type="checkbox"/>	Skiing
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Ice Skating/Roller Skating
<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Football
<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Lawn Games	<input type="checkbox"/>	Baseball/Softball

Other:

What activities do the brother(s)/sister(s) do in their free time?

Check all that apply:

<input type="checkbox"/>	Hiking/Walking	<input type="checkbox"/>	Climbing
<input type="checkbox"/>	Bicycle Riding	<input type="checkbox"/>	Horseback Riding
<input type="checkbox"/>	Running	<input type="checkbox"/>	Bowling
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Exercising at home/fitness center
<input type="checkbox"/>	Canoeing/Kayaking	<input type="checkbox"/>	Skiing
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Ice Skating/Roller Skating
<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Football
<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Lawn Games	<input type="checkbox"/>	Baseball/Softball

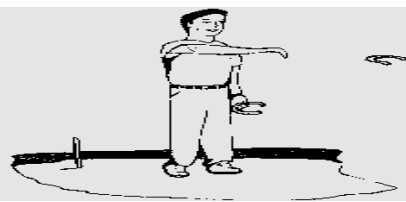
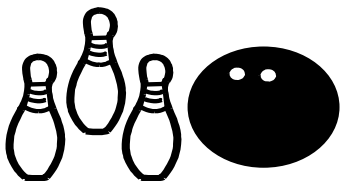

Other:

What skills would you like your child to work on and/or is there an activity/skill you want your child to learn?

Comments/Suggested Goals & Objectives:

Physical Activities I Enjoy...

Name: _____

 <p>Bocce</p>	 <p>Miniature Golf</p>	 <p>Run</p>
 <p>Walk</p>	 <p>Weight Exercise</p>	 <p>Stretching</p>
 <p>Swimming</p>	 <p>Dance</p>	 <p>Horseshoes/ Beanbag Toss</p>
 <p>Racquet Sports</p>	 <p>Bowling</p>	 <p>Frisbee</p>
 <p>Hiking</p>	 <p>Roller Skating</p>	 <p>Basketball</p>

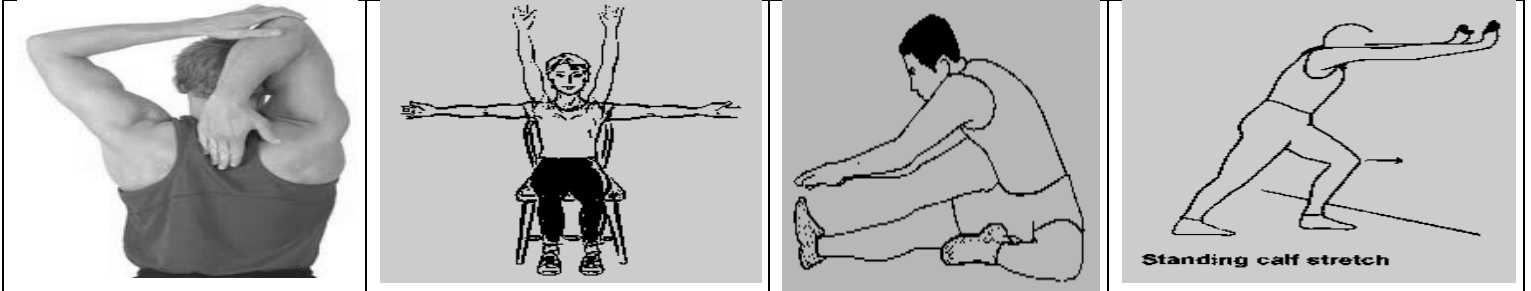
Other Activities:

Personal Fitness Selection

Student's Name: _____

Directions: Choose one appropriate exercise from each category by marking it.

Stretches



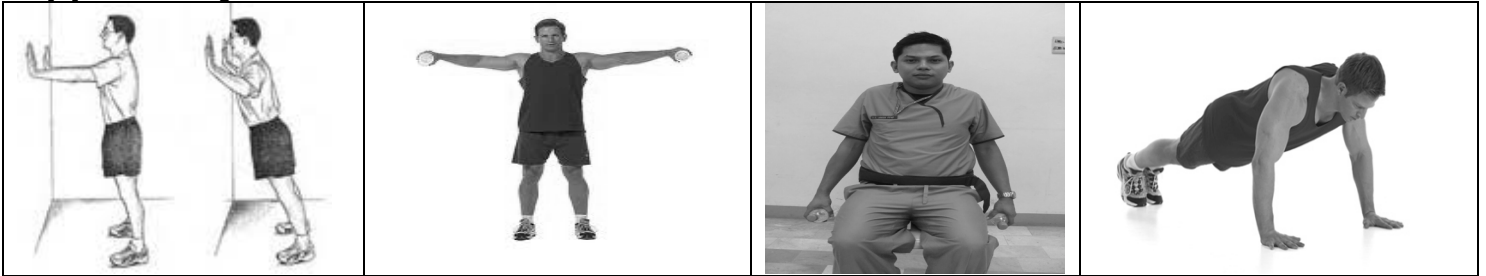
Shoulder Stretch

Lateral Arm Raises

Sitting Hamstring Stretch

Standing Calf Stretch

Upper Body Exercise



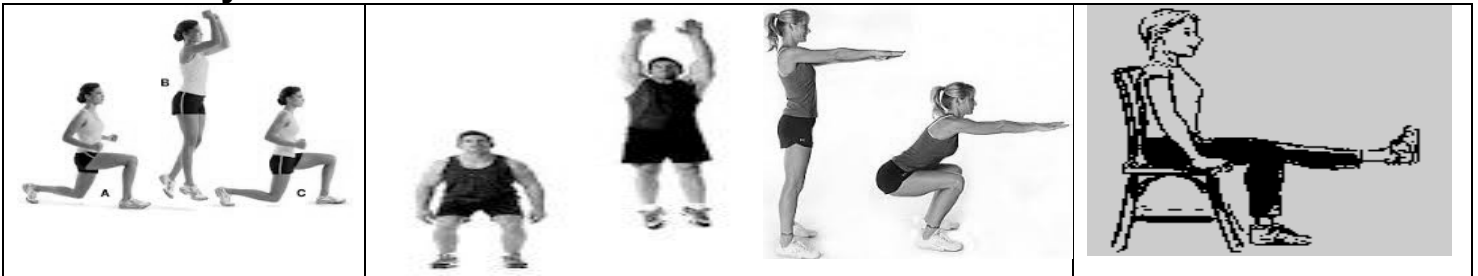
Wall Pushups

Lateral Raises with Weight

Shoulder Shrugs

Isometric Pushups

Lower Body Exercise



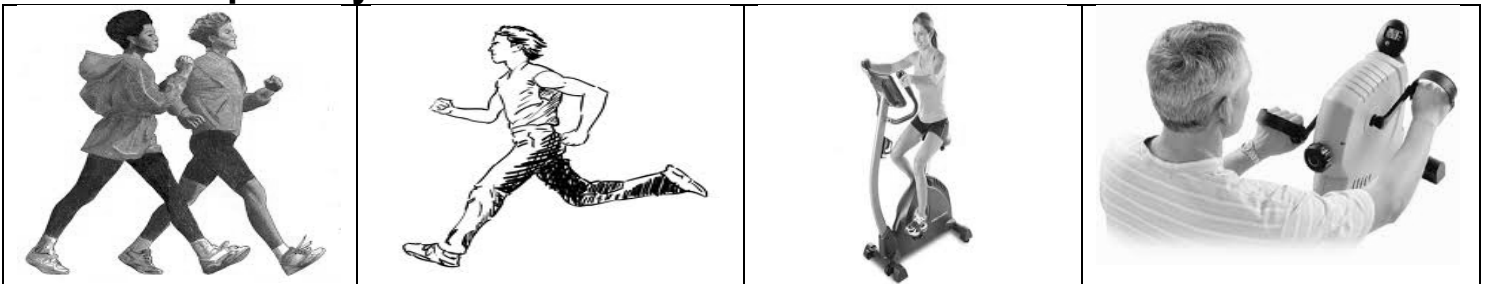
Lunges

Standing High Jump

Squats

Leg Lifts in Chair

Cardio-Respiratory Exercise



Walking

Running

Stationary Bicycle

Hand Peddler/Ergometer

Personal Fitness Report School Year: _____

Student's Name: _____ **Age:** _____ **Height:** _____ feet _____ inches **Weight:** _____ lbs.

Fitness Test(s) Administered: _____ **Teacher:** _____

Muscular Strength and Endurance						
Exercise	Pre-Test		Prompts	Post-Test		Prompts
Curl-Ups <input type="checkbox"/> Traditional <input type="checkbox"/> Modified	Date: _____		Independent	Date: _____		Independent
	Score: _____		Verbal/Visual	Score: _____		Verbal/Visual
			Partial Physical			Partial Physical

Comments:

Exercise	Pre-Test		Prompts	Post-Test		Prompts
Push-Ups <input type="checkbox"/> Traditional <input type="checkbox"/> Modified <input type="checkbox"/> Wall <input type="checkbox"/> Isometric	Date: _____		Independent	Date: _____		Independent
	Score: _____		Verbal/Visual	Score: _____		Verbal/Visual
			Partial Physical			Partial Physical

Comments:

Flexibility						
Exercise	Pre-Test		Prompts	Post-Test		Prompts
Trunk Lift	Date: _____		Independent	Date: _____		Independent
	Score: _____		Verbal/Visual	Score: _____		Verbal/Visual

Comments:

Exercise	Pre-Test		Prompts	Post-Test		Prompts
Back Saver Sit & Reach	Date: _____		Independent	Date: _____		Independent
	Left	Right		Left	Right	
	Score: _____		Verbal/Visual	Score: _____		Verbal/Visual

Comments:

Exercise	Pre-Test		Prompts	Post-Test		Prompts
Modified Apley Test Scoring: 1 = Mouth 2 = Top of Head 3 = Opposite Scapula	Date: _____		Independent	Date: _____		Independent
	Left	Right	Verbal/Visual	Left	Right	Verbal/Visual
	Score: _____		Partial Physical	Score: _____		Partial Physical

Comments:

Cardio-Respiratory Endurance						
Exercise	Pre-Test		Prompts	Post-Test		Prompts
Pacer or Target Aerobic Movement Test (TAMT) <input type="checkbox"/> 20 Meter <input type="checkbox"/> 15 Meter <input type="checkbox"/> Ergometer <input type="checkbox"/> _____	Date: _____		Independent	Date: _____		Independent
	Laps: _____		Verbal/Visual	Laps: _____		Verbal/Visual
	Time: _____		Partial Physical	Time: _____		Partial Physical

Comments: