



## Fitness Assessment

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**Mile Run or ½ Mile** Completed Yes or No Time: \_\_\_\_\_

**Mile Brisk Walk** Completed Yes or No Time: \_\_\_\_\_

**Sprints** Approx. Distance: \_\_\_\_\_ #Completed: \_\_\_\_\_ Best Time: \_\_\_\_\_

**Sit-ups (Curls)** Completed \_\_\_\_\_ repetitions in \_\_\_\_\_ minutes.

**Push-ups regular or modified** Completed \_\_\_\_\_ repetitions in \_\_\_\_\_ minutes.

**Sit and Reach** Fingers were behind toes \_\_\_\_\_ inches.  
Fingers were ahead of toes \_\_\_\_\_ inches.

### Additional Assessments:

### Overall Fitness

**On Target    Progressing Well    Has Made Progress    Needs Improvement**

### Comments:

**PE Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

