



Personal Physical Fitness Plan

Name _____ Period 1 2 3 4 5 6 Date _____

When you complete this project, you will accomplish the following:

- ✓ Set specific short-term and long-term personal physical fitness goals.
- ✓ Identify fitness activities that will help you accomplish your fitness goals.
- ✓ Determine how often, how hard and how long you will do your fitness activities.
- ✓ Track your progress in a two week calendar.
- ✓ Compare what you planned to what you have accomplished.

Your Personal Physical Fitness Plan, when completed, will be sent to the high school where you will be asked to build from your work this year to carry on to maintain / improve your actively healthy lifestyle.

Personal Fitness Contract

I, _____, am going to make a commitment to helping build my lifelong fitness and nutrition habits that will assist me in sustaining a long, actively healthy lifestyle. I will make an attempt to follow most, if not all, of the guidelines I have designed in my fitness plan. My fitness plan will identify areas where I need improvements in both fitness and nutrition. I will design realistic, achievable and measurable goals. My activities will be ones that I can consistently incorporate into my current lifestyle. I will do my very best to keep fitness logs so that I can actually see if I am achieving the guidelines of my fitness plan as well as seeing improvements in my overall fitness.

I understand the conditions of my fitness plan and will do my best to incorporate it into my daily life.

Student Signature

Date

Parent / Guardian Signature

Date

Personal Fitness Pre-Assessment

Name _____ Period **1 2 3 4 5 6** Date _____

INSTRUCTIONS: Please answer the following questions in complete sentences.

Please put quality thought and effort into each of your answers. There is no right or wrong answers.

1. Currently, how would you rate your own fitness level from 1 to 10 with 10 being the highest ranking? Explain your rating. Are you satisfied with your fitness level? Why or why not?

Rating-

2. What sports or fitness activities do you enjoy participating in and why?

3. What type of fitness activities/sports do your parents/guardians participate in?

4. How would you rate your overall nutrition from a 1-10 with 10 being the highest rating (good eating habits)? Explain your rating. Are you satisfied with your overall nutrition balance? Why / why not?

Rating-

5. Which one of the Fitness Components do you need to improve the most? Why?

6. Which one of the Fitness Components do you feel is the strongest? Why?

7. If you had to select ONE thing about nutrition that you could improve, what would it be? Why?

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Laguna Middle School
Physical Education Department

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PERSONAL FITNESS QUESTIONNAIRE

Name _____ Period 1 2 3 4 5 6 Date _____

INSTRUCTIONS: Please answer all questions by placing an “X” in the appropriate box ☒ or write your response on the lines provided. Please put quality thought and effort into your answers.

1. Rate your overall activity level:

☐ Very Active ☐ Active ☐ Moderately Active ☐ Sedentary



2. What exercise, if any, do you currently do outside of PE class? Please give a detailed answer.

3. How would you rate your current muscular strength/endurance level?

☐ Very Strong ☐ Strong ☐ Moderately Strong ☐ Not very strong

4. How would you rate your current cardiovascular fitness level? Basically, when you perform cardiovascular activities like running, cycling, swimming, etc. how is your fitness?

☐ Excellent ☐ Good ☐ Average ☐ Fair ☐ Very low

5. How flexible are you?

☐ Very Flexible ☐ Somewhat ☐ Not at all



6. How would you rate your experience with exercise?

☐ Advanced ☐ Intermediate ☐ Beginner



7. Do you exercise regularly?

☐ I exercise regularly ☐ I used to exercise regularly and am starting back on a program
☐ I am currently starting a program ☐ I have never exercised regularly

8. **List your “problem” body areas where you think you are over fat, over or under developed. These are areas that you would put some focus on if you had the chance to start a program.**

9. **What are your fitness goals?** Mark all that apply.

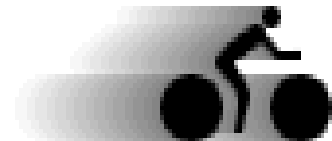
- ☐ Appearance ☐ Cardiovascular endurance ☐ Reduce body fat ☐ Get more flexible
☐ General Health ☐ Muscular definition ☐ Muscle size ☐ Muscle strength
☐ Self-esteem or confidence ☐ Speed ☐ Sports Performance ☐ Reduce my stress level
☐ Tone and shape my body ☐ Lose weight ☐ Improve posture ☐ Medical reasons
☐ Other _____

10. **Where do you perform most of your fitness activities?**

- ☐ Home ☐ Outside ☐ Fitness Facility (gym, health club, pool, etc.)

11. **What equipment do you have available on a regular basis?**

- ☐ Nothing ☐ Free Weights (dumbbells, etc.) ☐ Weight machines
☐ Treadmill or other home machines ☐ Resistance balls or other core home equipment
☐ Exercise Videos ☐ Jump Ropes ☐ Bicycle, Skateboards, Roller Blades, other
☐ Other: _____



12. **What time of day can you do most of your exercise?**

- ☐ Any time ☐ Morning ☐ Afternoon ☐ Evening

13. **Which of the following are your personal obstacles in adopting a regular fitness program?**

- | | |
|--|---|
| <input type="checkbox"/> I get bored pretty easily when I exercise | <input type="checkbox"/> Intimidated and embarrassed when I exercise |
| <input type="checkbox"/> I can't really find the time to exercise | <input type="checkbox"/> I have to exercise alone |
| <input type="checkbox"/> Family obligations | <input type="checkbox"/> My exercise setting does not meet my needs |
| <input type="checkbox"/> I get frustrated because I don't see results right away | <input type="checkbox"/> I do not have personal obstacles, I am just lazy |
| | <input type="checkbox"/> Other: _____ |

14. **How would you rate your overall fitness?**

- ☐ Excellent ☐ Above Average ☐ Average
☐ Needs a lot of improvement ☐ Not fit at all

Pg 3 & 4 <u>Rubric Score</u> _____
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Personal Fitness Information

This worksheet is intended to have you think about your strengths and weaknesses, good and bad habits, motivation strategies, warm-up and cool-down exercises and general activities that you like to do. When building your Personal Fitness Plan, you should use the information on this worksheet as your substance.

Name _____ Period **1 2 3 4 5 6** Date _____

YOUR FITNESS HABITS

Please think carefully about your answers for each question and try to be as honest as possible as you answer the questions in each box below and on the back of this sheet.

What are your two fitness strengths?

Examples: *I have good upper body strength, I am very flexible, I can run for a long time in my target zone etc.*

1. _____
2. _____

What are your two fitness weaknesses?

Examples: *I have trouble running long distances, I am not very flexible, I have a weak upper body etc.*

1. _____
2. _____



List two workout habits you are proud of?

Examples: *I go to the gym and work out 3 times a week, I jog with my dog after school 4 days a week, I do push-ups and sit-ups during commercials when watching TV etc.*

1. _____
2. _____

List two workout habits you want to change?

Examples: *I come home from school and just play video games; I do not do any extra activity outside of PE class etc.*

1. _____
2. _____



List two nutritional habits you are proud of?

Examples: *I eat a good breakfast every morning; I try to eat lots of fruits and vegetables each day etc.*

1. _____
2. _____

List two nutritional habits you want to change?

Examples: *I do not usually eat breakfast, I drink too many sodas each day, I do not usually eat many vegetables etc.*

1. _____
2. _____

FITNESS EXERCISES YOU LIKE TO DO

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Please think carefully and write down three of YOUR favorite examples in each box below.
For each of your 3rd choice activities please indicate an activity you could do in poor weather conditions.

<p style="text-align: center;"><u>WARM-UP EXERCISES</u></p> <p>Examples: <i>Walking, Jogging, Jump Rope, Calisthenics etc.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p style="text-align: center;"><u>COOL DOWN EXERCISES</u></p> <p>Examples: <i>Walking, Jogging, Active Stretching etc.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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<p style="text-align: center;"><u>CARDIOVASCULAR EXERCISES</u></p> <p>Examples: <i>Jogging, Cycling, Swimming, Dancing, Stationary Bike, Aerobics Class etc.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p style="text-align: center;"><u>BODY COMPOSITION / NUTRITION GOALS</u></p> <p>Examples: <i>Eat more fruits and vegetables; Eat a healthy breakfast each morning, Drink less soda and more water etc.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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<p style="text-align: center;"><u>MUSCULAR STRENGTH / ENDURANCE EXERCISES</u></p> <p>Examples: <i>Push-ups, Sit-ups, Pull-ups, Lunges, Squats etc.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p style="text-align: center;"><u>CHALLENGES TO STAY MOTIVATED</u></p> <p>Examples: <i>Friends who do not work out, I get bored with exercises, I like to play video games more then exercising etc.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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<p style="text-align: center;"><u>FLEXIBILITY / STRETCHING EXERCISES</u></p> <p>Examples: <i>Yoga, Hamstring stretches, Quadriceps stretches etc.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p style="text-align: center;"><u>STRATEGIES TO STAY MOTIVATED</u></p> <p>Examples: <i>Working with a partner, engaging in a variety of activities, setting achievable goals, music etc.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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Rubric Score



Personal Fitness Plan Worksheet

Name _____ Period **1 2 3 4 5 6** Date _____

Your Goals, Activities and FITT Plan

A very important aspect of designing your personalized fitness plan is to set fitness goals. The goals that you establish should take into account your current fitness level as well as where you would like your level of fitness to be. Well-written goals will drive your activity selection and FITT formula.

Use “SMART” criteria to set your fitness goals:

Specific: What do you want to achieve? How will you achieve it? Why is it important to you?

Measurable: Establish how to measuring your success: actual numbers, target dates, or specific events.

Achievable: Your goals should push you past your comfort point but should still be able to be attained.

Relevant: Your goals should be important to you and the outcome should impact your life.

Timely: Your goals should have a time element established. This will help keep you on track.

Recommendations for an average healthy person to maintain a minimum level of overall fitness.

Warm-up: 5-10 minutes of low intensity exercise as walking, slow jogging, knee lifts, arm circles or trunk rotations.

Cardiovascular Endurance: Aerobic exercises like walking, swimming, running, , rope-jumping, aerobic dance ...

F	3 to 6 times per week	I	Moderate to Vigorous	T	15 to 60 minutes
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Muscular Strength and Endurance: Calisthenics, push-ups, sit-ups, pull-ups, and weight training; for major muscle

F	2 to 3 times per week	I	Progressive Moderate resistance	T	20-minute sessions
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Flexibility: A general stretching program that exercises the major muscle/tendon groups.

F	3 to 7 times per week	I	Moderate stretch	T	15 to 30 seconds per stretch, 2 to 4 times per muscle group
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Cool Down: 5-10 minutes of slow walking, low-level exercise, combined with stretching.

Set 4 Personal Fitness Goals in the areas of Cardiovascular Fitness, Muscle Strength and Endurance, Flexibility and Body Composition / Nutrition. Use the information you identified on your “Personal Fitness Information” pages of this packet to plug in your activity Types. Then determine and indicate the Frequency, Intensity and Time involved in applying the FITT principle to achieve your goals. Please take your time, giving **quality thought and effort** into your goals and fitness plan.

CARDIOVASCULAR FITNESS

Short Term Goal	
Activity Type 1	
Activity Type 1 FIT	F- I- T-
Activity Type 2	
Activity Type 2 FIT	F- I- T-
Activity Type 3	
Activity Type 3 FIT	F- I- T-
Long Term Goal	

MUSCULAR STRENGTH / ENDURANCE FITNESS

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Short Term Goal	
Activity Type 1	
Activity Type 1 FIT	F- I- T-
Activity Type 2	
Activity Type 2 FIT	F- I- T-
Activity Type 3	
Activity Type 3 FIT	F- I- T-
Long Term Goal	



FLEXIBILITY FITNESS

Short Term Goal	
Activity Type 1	
Activity Type 1 FIT	F- I- T-
Activity Type 2	
Activity Type 2 FIT	F- I- T-
Activity Type 3	
Activity Type 3 FIT	F- I- T-
Long Term Goal	

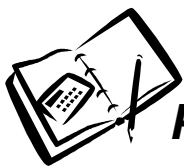


BODY COMPOSITION / NUTRITION FITNESS

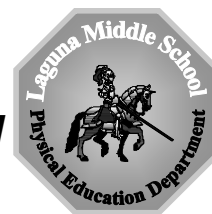
Short Term Goal	
Activity Type 1	
Activity Type 1 FIT	F- I- T-
Activity Type 2	
Activity Type 2 FIT	F- I- T-
Activity Type 3	
Activity Type 3 FIT	F- I- T-
Long Term Goal	

Looking at your information above, can you realistically commit to this fitness plan?
If not, then you need to make modifications prior to beginning the plan.

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Personal Fitness Plan Activity Log



Week's Beginning Date: _____

WEEK ONE

Fill in the correct beginning date above. Use the lines to log your activities and indicate the intensity and time.
Your log should show complete thought and effort and be as detailed as possible.

Day	Fitness Category	Activity	Intensity	Time
SUNDAY	Cardio			
	Strength Endurance			
	FLEX			
MONDAY	Cardio			
	Strength Endurance			
	FLEX			
TUESDAY	Cardio			
	Strength Endurance			
	FLEX			
WEDNESDAY	Cardio			
	Strength Endurance			
	FLEX			
THURSDAY	Cardio			
	Strength Endurance			
	FLEX			
FRIDAY	Cardio			
	Strength Endurance			
	FLEX			
SATURDAY	Cardio			
	Strength Endurance			
	FLEX			

Personal Fitness Plan Activity Log

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Week's Beginning Date: _____

WEEK TWO

Day	Fitness Category	Activity	Intensity	Time
SUNDAY	Cardio			
	Strength Endurance			
	FLEX			
MONDAY	Cardio			
	Strength Endurance			
	FLEX			
TUESDAY	Cardio			
	Strength Endurance			
	FLEX			
WEDNESDAY	Cardio			
	Strength Endurance			
	FLEX			
THURSDAY	Cardio			
	Strength Endurance			
	FLEX			
FRIDAY	Cardio			
	Strength Endurance			
	FLEX			
SATURDAY	Cardio			
	Strength Endurance			
	FLEX			

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