

# CAC Personal Training Action Plan



Client Name: \_\_\_\_\_ Date of Action Plan: \_\_\_\_\_

## S.M.A.R.T Goal:

---

---

---

## What is your WHY?

---

---

---

Next Check In Date: \_\_\_\_\_

### Body Composition Results

<input type="text"/>	Weight	<input type="text"/>	Chest
<input type="text"/>	Body Fat %	<input type="text"/>	Arm
<input type="text"/>	Lean Mass	<input type="text"/>	Waist
<input type="text"/>	Fat Mass	<input type="text"/>	Hips
		<input type="text"/>	Thigh

### Body Composition Goals

<input type="text"/>	Weight
<input type="text"/>	Body Fat %
<input type="text"/>	Total Inches (lost/gained)

## Performance Measure

Test 1:

Test 2:

Test 3:

## Corrective Exercise Prescription:

---

---

---

## Plan of Action:

---

---

**Exercise Prescription:**

---

---

---

**Plan of Action:**

---

---

**Nutrition Recommendations:**

---

---

---

**Plan of Action:**

---

---

**Accountability Structure:**

---

---

---

**Plan of Action:**

---

---

**Additional Recommendations (*Sleep, habit changes, additional movement, etc.*)**

---

---

---

**Plan of Action:**

---

---