

Name \_\_\_\_\_ Section \_\_\_\_\_ Date \_\_\_\_\_



## Lab A7-4 Fitness Activity Evaluation Checklist

Complete the following checklist for each activity you consider for your exercise program. Check the statements that are true, and fill in the other information.

Activity: \_\_\_\_\_

Fitness components developed: \_\_\_\_\_

\_\_\_\_\_ This activity will help me reach my fitness goals.

\_\_\_\_\_ This activity is fun.

\_\_\_\_\_ This activity will hold my interest over time.

Describe how to vary the activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ My current skill and fitness level allow me to participate fully in this activity.

\_\_\_\_\_ I can easily fit this activity into my daily schedule.

Describe how: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ The facilities, equipment, and other special requirements of this activity are available and affordable.

Requirement

Source/location

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ This activity conforms to my special health needs.

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other considerations (describe):