Class Record Form

Teacher			Date			School Name											
Student Name	**Age** (First Day of Test)	**Gender** 1-M 2-F	***Accommodations** Yes/ No	**Aerobic Cardiovascular Endurance**			**Zones** 1-N 2-H 3-HFZ	**Muscular Strength/ Endurance**	**Zones** 1-N 2-H 3-HFZ	**Abdominal Strength/ Endurance**	**Zones** 1-N 2-H 3-HFZ	**Flexibility**			**Zones** 1-N 3-HFZ	**Over All Score (For Award System)**	***Accommodation notes for students with special needs**
				One-Mile Run or Walk		**PACER** (Number of Laps)		**90-Degree Push-Up** Number Completed		**Partial Curl-Up** Number Completed		**Back-Saver Sit-and-Reach** (Inches Reached)		**V Sit & Reach** (Inches Reached)			
				Min.	Sec.							Right	Left				

Codes: ME-Medically Excused SN-Special Needs NC-Noncompliant A-Accommodation N-Needs Improvement H-Healthy Zone HFZ-High Fitness Zone