

# Goal Assessment and Setting

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please number the following goals by order of importance (**1 being the most important**):

- |                                 |                                 |
|---------------------------------|---------------------------------|
| ____ Lose weight                | ____ Gain weight                |
| ____ Increase Flexibility       | ____ Increase Muscular Strength |
| ____ Post-Rehab an injury       | ____ Relieve stress             |
| ____ Postural Correction        | ____ Increase Cardio Fitness    |
| ____ Increase energy            | ____ Improve Sport Performance  |
| ____ Manage a metabolic disease | ____ Other _____                |

**List your top 3 goals in the space provided. Action steps and success indicators can be completed with your trainer's assistance.**

**Goal # 1** \_\_\_\_\_

**Action Steps:**

**Time Frame**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

**Success Indicators:**

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

**Goal #2** \_\_\_\_\_

**Action Steps:**

**Time Frame**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

**Goal #2 Success Indicators:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Goal #3** \_\_\_\_\_

| <b>Action Steps:</b> | <b>Time Frame</b> |
|----------------------|-------------------|
| 1. _____             | _____             |
| 2. _____             | _____             |
| 3. _____             | _____             |

**Success Indicators:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Follow-up Date:** \_\_\_\_\_

To be completed by your Trainer

All information will be kept confidential. This information will be used to evaluate your health status and readiness to begin your exercise program. It will not be released to any other people unless authorized by you in writing.