Special Needs Physical Fitness Assessment

Basic Information

Full Name			
Date of Birth			
Assessor Name			
Assessment Date			
Medical History /	Special N	eeds	
Physical Measure	ments		
Height (cm)			
Weight (kg)			
Other Measurements (if any)			
Assessment Crite	ria		
Test	Description	Result	Comments
Cardiovascular Endurance			
Muscle Strength			
Flexibility			

Balance & Coordination		
Mobility		
Recommendations / Note	S	