

Goal Setting Form

1. Rank your fitness/health goals

#1 _____

#2 _____

#3 _____

2. How will your goals be achieved? (Consider frequency [list specific days & times], intensity, duration, mode, etc.)

Goal #1 _____

Goal #2? _____

Goal #3? _____

3. Date for re-assessment

4. What, if any, dietary modifications need to be made (keep them achievable and realistic)?

#1 _____

#2 _____

#3 _____

5. What obstacles might interfere with your goal achievement?

Obstacle

Strategy for overcoming obstacle
