

# Strive Core Recording Sheet

**Special Olympics**



**Name:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** M / F

**County / Program** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_  **Pre-Assessment**       **Post-Assessment**

**Check all that apply:**                       Athlete                       Not an Athlete

STATION	TEST	SCORE		
		Height	Weight	BMI
1	<b>Body Mass Index</b>			
2	<b>Sit and Reach</b>	<b>Trial 1</b>	<b>Trial 2</b>	<b>Trial 3</b>
		cm	cm	cm
4	<b>60 sec Plank Hold</b>	seconds		
9	<b>30 sec Sit and Stand</b>	completed		
10	<b>20 m Shuttle Run</b>	laps completed		