

Strive Recording Sheet

Special Olympics



Name: _____

Coach: _____

DOB: _____ Age: _____ Gender: M / F

County / Program _____

Check all that apply:

Athlete

Not an Athlete

STATION	TEST	SCORE		
		Height	Weight	BMI
1	Body Mass Index	in	lbs	
2	Sit and Reach	Trial 1	Trial 2	Trial 3
		cm	cm	cm
3	One Leg Stand	Knee / Modified seconds		
4	60 sec Plank Hold	seconds		
5	Broad Jump	Trial 1	Trial 2	
		cm	cm	
6	Seated Medicine Ball Throw	Trial 1	Trial 2	Trial 3
		cm	cm	cm
7	5-10-5 Agility	Direction	Time	
		Left / Right		
8	Push Ups	Regular / Knee Wall / Wheelchair	completed	
9	30 sec Sit and Stand	completed		
10	20 m Shuttle Run or	laps completed		