

LOAD/SPEED ASSESSMENTS FORM

Date: _____

Push-up Assessment

Number performed: _____

Performance rating: _____

Body-weight Squat Assessment

Number performed: _____

Performance rating: _____

1-RM Bench-press Assessment

Set 1

Resistance: _____

Number of repetitions: _____

Set 2

Resistance: _____

Number of repetitions: _____

Set 3

Resistance: _____

Number of repetitions: _____

Set 4

Resistance: _____

Number of repetitions: _____

Set 5 (if needed)

Resistance: _____

Number of repetitions: _____

Set 6 (if needed)

Resistance: _____

Number of repetitions: _____

1-RM effort

Resistance: _____

Number of attempts: _____

Comments: _____

Absolute strength: _____

Relative strength: _____ (1-RM/Client's weight)

Performance rating: _____

1-RM Squat Assessment

Set 1

Resistance: _____

Number of repetitions: _____

Set 2

Resistance: _____

Number of repetitions: _____

Set 3

Resistance: _____

Number of repetitions: _____

1-RM effort

Resistance: _____

Number of attempts: _____

Comments: _____

Absolute strength: _____

Relative strength: _____ (1-RM/Client's weight)

Performance rating: _____

Vertical Jump Assessment

Trial 1 (cm)

Trial 2 (cm)

Trial 3 (cm)

T-Test—Speed, Agility, and Quickness Assessment

Trial 1

Time: _____

Additional Notes: _____

Trial 2

Time: _____

Additional Notes: _____
