

# Health and Skill Concepts Stations Tests



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

Block: \_\_\_\_\_

Date: \_\_\_\_\_

## Flexibility:

### Shoulder Stretch-

Left Arm: **Yes or No** if no, inches apart \_\_\_\_\_

Right Arm: **Yes or No** if no, inches apart \_\_\_\_\_

### Sit and Reach -

Left Leg: \_\_\_\_\_

Right Leg: \_\_\_\_\_



## Cardiovascular / Body Composition:

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

BMI: \_\_\_\_\_ Passing: Yes / No

VO2 Max: \_\_\_\_\_ Passing: Yes / No

## Muscle Endurance:



Wall Sit Time: \_\_\_\_\_

Rating: \_\_\_\_\_

Plank Time: \_\_\_\_\_

Rating: \_\_\_\_\_

## Muscle Strength:

### Leg Press or Chest Press

(circle one)

One Rep Max: \_\_\_\_\_

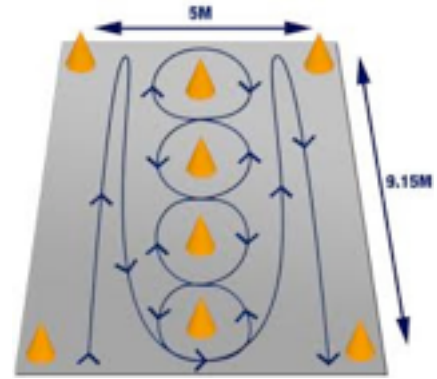


## Health and Skill Concepts Stations Tests

### Agility Test Station:

Time: \_\_\_\_\_

Rating: \_\_\_\_\_



### Balance Test Station:

Time: \_\_\_\_\_

Rating: \_\_\_\_\_



### Coordination Testing Station:

Number of Catches: \_\_\_\_\_

Rating: \_\_\_\_\_

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