

VIRGINIA WELLNESS-RELATED FITNESS TEST TEACHER SUMMARY

SCHOOL NAME: _____

DATE: _____

GRADE		Upper-Body Strength and Endurance		Abdominal Strength and Endurance		Flexibility		Aerobic Capacity		Trunk		Body Composition (optional)	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
4th	# tested												
	# met HFZ												
5th	# tested												
	# met HFZ												
6th	# tested												
	# met HFZ												
7th	# tested												
	# met HFZ												
8th	# tested												
	# met HFZ												
9th	# tested												
	# met HFZ												
10th	# tested												
	# met HFZ												
11th	# tested												
	# met HFZ												
12th	# tested												
	# met HFZ												

TEACHER _____
 ADDRESS _____

RETURN TO:
School Principal

TELEPHONE # _____ E-MAIL _____