Individual Cadet Physical Fitness Progression Plan

Name	Phase Choose One...	**Date of Evaluation**
Squadron **F. R. Sussey Composite Sq.**	**Physical Fitness Category** **Cat I**	**PT Exemptions**

Current PT Scores

Mile Run	Shuttle Run	Curl Ups	Push Ups	Sit and Reach

Minimum To Pass / Target PT Scores

Mile Run	Shuttle Run	Curl Ups	Push Ups	Sit and Reach

Action Plan

Plan for Progression
(Exercises to be performed, frequency, duration, length of plan, diet adjustments, etc.)

Dietary Restrictions

Length of Plan / Time to Re-evaluation:

Evaluator(s):

Signature of Cadet	**Signature of Evaluator**
_____ I agree that this progression plan is essential to my promotion and I will do my best to uphold my end of the plan by regularly performing my exercises.	_____