WEEKLY WORKOUT CHECK-IN

Client full name: _____ Coach name: _____ Week of: _____

MON	Planned focus: _____	☐ Completed	Actual notes: _____
TUE	Planned focus: _____	☐ Completed	Actual notes: _____
WED	Planned focus: _____	☐ Completed	Actual notes: _____
THU	Planned focus: _____	☐ Completed	Actual notes: _____
FRI	Planned focus: _____	☐ Completed	Actual notes: _____
SAT	Planned focus: _____	☐ Completed	Actual notes: _____
SUN	Planned focus: _____	☐ Completed	Actual notes: _____

Coach comments:

Client signature: _____ Date: _____

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