## **Physical Fitness Test Sample Student Data Collection Form**

This form is for your convenience in collecting data for electronic submission.

Do not send this form to the state PFT contractor (Sacramento County Office of Education) nor to the district LEA.

S	chool Name
l.	STUDENT DEMOGRAPHICS Fill in all information whether the student has tested or not.
	A. Grade (05, 07, or 09):
	B. Student Last Name:
	C. Student First Name:
	D. Student Middle Initial:
	E. Gender (M, F, or N):
	F. PFT Start Date: (MM) (DD) (YYYY)

**NOTE:** Date of birth, statewide student ID, ethnicity, race, parent/guardian highest level of education, and eligibility for the National School Lunch Program are required and will be provided from the local educational agency's student information system.

\* \* \* Continue to Section II if the student participates in any test. \* \* \*

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## II. INDIVIDUAL STUDENT SCORES

- Fill in all applicable data for each item below.
- Leave the score blank to indicate that the student did not attempt the test.
- Only use a zero (0) for test areas where allowed to indicate a test taken with a resulting score of 0.

Stı	ude	nt Name:					
Α.		Aerobic Capacity (Select one test)					
	1)	One-Mile Run:	Minutes	(03–59) Seconds	(00–59)		
	2)	PACER (20-meter)	: Laps	(# of laps. Min = 1	; Max = 190)		
	3)			_ (03–59) Seconds ninute. Min = 30; Max =			
	Ne	<del>vtes:</del>					
	<ul> <li>i. If the student begins but cannot finish the One-Mile Run or the Walk Test, fill i 59 minutes and 59 seconds for the time.</li> <li>ii. If the 15-meter PACER is administered, these scores must be converted to 20-meter PACER scores.</li> </ul>						
В.	B. Abdominal Strength						
	1) Curl-Up (# of curl-ups. Min. = 01; Max. = 75)						
C.							
	1) Trunk Lift (# of inches. Min. = 00; Max = 12)						
D. Upper Body Strength (Select one test)							
1) Push-Up (# of push-ups. Min. = 01; Max. = 75)							
	2) Modified Pull-Up (# of modified pull-ups. Min. = 01; Max. = 75)						
	3)	Flexed-Arm Hang _	(# of seco	onds. Min. = 00; Max. =	= 90)		

E.	Fle	xibi	ility

(Select one test)

1) Back-Saver Sit and Reach (Left and right sides are required.)

Left Side \_\_\_\_\_ (# of inches. Min. = 00; Max. = 12)

Right Side \_\_\_\_ (# of inches. Min. = 00; Max. = 12)

2) Shoulder Stretch (Left and right sides are required. Y = if student is able to touch fingertips. N = if student is not able to touch fingertips.)

Left Side \_\_\_\_\_ (Y = Yes; N = No) Right Side \_\_\_\_ (Y = Yes; N = No)