

CFT Program Card

Trainer

Day (Period)

Session Time

Client Name:	Initial Date	Testing Date 1	Testing Date 2
Clients Goals		Contraindications (Injuries)	
Warm Up		Special Considerations	
Work Out	Sets	Reps	Weight - %1 RM
Cool Down and Stretch		Comments	
Session Review (what did I do well, what could I do better)			