

Resistance Training Tracking Sheet

Name: _____ Date: ____/____/____

Time: _____

Exercise: _____ Form: Good () Acceptable () Needs improvement ()
Block number: _____ Reps: _____ Sets: _____ Weight: _____ Rest period: _____
Concentric (contract) time: _____ Isometric (hold) time: _____ Eccentric (relax) time: _____
Efficiency: Very () Needs improvement () Comment: _____

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