

Trainer: _____

Month: _____



TRAINER BUSINESS PLAN

HOURS

CLIENTS

FITNESS CONSULTATIONS

PT Hours		New		Scheduled %	
Team Sessions		Active		Show %	
OHW Hours		Inactive		Closed %	
Hours Goal		Goal		Total \$	

ONBOARDING SESSION PERFORMANCE

NAME	OS CONFIRMED	OS SHOW	OS CLOSED	PACKAGE TYPE	TOTAL SALE

UPCOMING PIF RENEWAL OPPORTUNITY

NAME	PACKAGE TYPE	SESSION PER WEEK	DRAFT \$	NOTES

INACTIVE CLIENTS

NAME	LAST SESSION DATE	FOLLOW-UPS	DRAFT \$	NOTES

TRAINER BUSINESS PLAN

SERVICE

Have you completed any CECs over the last 30 days? If so which ones?

Circle the number that best represents your answer. 1 = strongly disagree, 10 = strongly agree

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

I have been on time for all my appointments

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

I have been in uniform for all sessions and hours worked.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

I have been prepared for all my appointments.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

I have been attentive during all sessions.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

I gave all of my clients homework workouts through the Anytime Fitness App.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

I made my health and exercise a focus last month.

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Are there assessments in OS for all clients? **YES or NO**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

If not, why?

What could you have done better last month?

Client Success Story of the month?

Signature: _____