

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions: Answer Yes or No to the first 8 items, then write a short response for items 9 and 10.**

	YES	NO
I think I can ask an adult (teacher or family member) to help me find opportunities to participate in circuit or Tabata training.	<input type="checkbox"/>	<input type="checkbox"/>
I think I can ask a friend or family member to participate in a circuit training or Tabata workout with me.	<input type="checkbox"/>	<input type="checkbox"/>
I think I have the skills I need to participate in circuit or Tabata training outside of physical education class.	<input type="checkbox"/>	<input type="checkbox"/>
I think I have the knowledge I need to improve personal fitness outside of physical education class.	<input type="checkbox"/>	<input type="checkbox"/>
I think I know where to find resources to learn more about circuit and Tabata training.	<input type="checkbox"/>	<input type="checkbox"/>
I think I will participate in circuit or Tabata training in the future if the opportunity is available.	<input type="checkbox"/>	<input type="checkbox"/>
I think I will feel comfortable participating in circuit or Tabata training with my peers outside of physical education class.	<input type="checkbox"/>	<input type="checkbox"/>
I think activities like circuit and Tabata training can help me stay active and healthy in the future.	<input type="checkbox"/>	<input type="checkbox"/>

**If you could choose between circuit or Tabata training and other physical activity options, would you choose either of these options? Why or why not?**

**Did you enjoy the challenges that you faced while learning about circuit and Tabata training? Why or why not?**