

# Child Testing Form

## BROWN to RED belt



Taekwondo

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Belt Size: \_\_\_\_\_

Report Card:  Yes  No    Teacher Form:  Yes  No    Weekly Job:  Yes  No

I recognize that belts and certificates are awarded only when specific standards of performance are met. In the event that I do not perform to the satisfaction of the testing official(s), promotion may be delayed until further progress has been demonstrated. If I do not achieve the desired degree, I may retest for that degree on the next promotion test date. I recognize that promotion standards are uniform and that each belt degree reflects a specific level of competence.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

#### Techniques

##### Forms

1  2  3

*1=Excellent 2=Good 3=Needs Work*

##### Kicking Combination

1:  1  2  3

2:  1  2  3

*1=Excellent 2=Good 3=Needs Work*

##### One Step Sparring (Self-Defense)

1:  1  2  3

2:  1  2  3

*1=Excellent 2=Good 3=Needs Work*

##### Board Breaking

1  2  3

*1=Excellent 2=Good 3=Needs Work*

##### Physical Aspects

Basic:  1  2  3

Flexibility:  1  2  3

Free Sparring:  1  2  3

Yell:  1  2  3

*1=Excellent 2=Good 3=Needs Work*

#### Attitude Aspects

Respect:  1  2  3

Attitude:  1  2  3

Discipline:  1  2  3

Cooperation:  1  2  3

Confidence:  1  2  3

Control:  1  2  3

*1=Excellent 2=Good 3=Needs Work*

#### Philosophy

Children must know parent's birthday:

My name is \_\_\_\_\_

My mother's name is \_\_\_\_\_

Her birthday is \_\_\_\_\_

My father's name is \_\_\_\_\_

His birthday is \_\_\_\_\_

I love my parents, Sir or Ma'am.

#### Terminology

Vital Points:

Base of Nose: "IN-CHUNG"

Solar Plexus: "MUNG-CHEE"

Groin: "NANG-CHIM"

Official Signature: \_\_\_\_\_

Pass     Please Try Again

# This form is to be filled out by a parent only.

Dear Parent:

Please take a few moments and complete the following questions. The purpose of this information is to find out more about your child's home and school habits. We strongly believe that the combination of good habits at your home and your child's school are important parts of developing habits that can benefit your child's future.

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Exam Date: \_\_\_\_\_

	Excellent	Mostly	Needs Work
Does your child show respect to you and other family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child greet you when you enter the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child say goodbye when you leave?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child truthful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child maintain a good relationship with his/her siblings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child keep his/her room neat and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child careful not to interrupt adult conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child study both at school and at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child show respect for his/her school teachers and peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child clean up after meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child do what he/she is told the first time you ask?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please list 3 areas in which your child has improved at home/school since starting our program:**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Please list 3 areas in which your child needs to improve at home/school:**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

The following is a list of special services that we offer.

Please check ones of interest so we can send you more information about them:

<input type="checkbox"/> Private Lesson	<input type="checkbox"/> Black Belt Club	<input type="checkbox"/> Self Defense Seminars for Women
<input type="checkbox"/> Weapon Class	<input type="checkbox"/> Sparring Class	<input type="checkbox"/> Birthday Parties
<input type="checkbox"/> Demo Team	<input type="checkbox"/> Schedule a Demo Team event	
<input type="checkbox"/> Please send me free gift certificates to share with friends and family		

Thank you for taking the time to complete this form.

Please be sure to sign and return this form one week prior to your exam.

Exam Fee: **\$70**       Check #       Cash       Credit Card

Please make check payable to: Yong-In Aurora Martial Arts

Parent's Signature: \_\_\_\_\_