

Child Testing Form



DEPUTY IV to 1ST BLACK belt

☐ Teacher Form

☐ Weekly Job

Student's Name: _____ Date of Birth: _____

Current Rank: Deputy IV Belt Size _____ Rank Testing: 1ST Black

I understand that belt promotions are awarded only when specific standards of performances are met. In the event that I may not perform to the satisfaction of the testing official(s), my belt 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 understand that promotion standards are Color Belt Promotional Examination uniform and that each belt degree reflects a specific level of competence.

Date : _____

Student's or Parent's Signature : _____

<u>Form</u>	<input type="checkbox"/> 1= Excellent	<input type="checkbox"/> 2= Good	<input type="checkbox"/> 3= Need Work
<u>Kicking Combinations</u>	<input type="checkbox"/> 1= Excellent	<input type="checkbox"/> 2= Good	<input type="checkbox"/> 3= Need Work
<u>One Step Sparring</u>	<input type="checkbox"/> 1= Excellent	<input type="checkbox"/> 2= Good	<input type="checkbox"/> 3= Need Work
<u>Breaking Technique</u>	<input type="checkbox"/> 1= Excellent	<input type="checkbox"/> 2= Good	<input type="checkbox"/> 3= Need Work
<u>Focus</u>	<input type="checkbox"/> 1= Excellent	<input type="checkbox"/> 2= Good	<input type="checkbox"/> 3= Need Work
<u>Mental Strength</u>	<input type="checkbox"/> 1= Excellent	<input type="checkbox"/> 2= Good	<input type="checkbox"/> 3= Need Work
<u>Discipline</u>	<input type="checkbox"/> 1= Excellent	<input type="checkbox"/> 2= Good	<input type="checkbox"/> 3= Need Work
<u>Question/Answer</u>	<input type="checkbox"/> 1= Excellent	<input type="checkbox"/> 2= Good	<input type="checkbox"/> 3= Need Work

Judge's Signature _____ Result _____

DEPUTY IV to 1ST BLACK BELT Exam Request Form

This form is to be filled out by a parent only

Dear Parent,

Please take a few moments and answer the following Please use the following questions. The purpose of this information is to find out code to record your family more about your child's home and school habits. We believe that the combination of good habits at JK Martial Arts Academy, your home and your child's school are important parts of developing good habits that will strengthen your child's future.

Please use the following code to record your family interaction each test cycle. **A – Excellent B – Mostly C – Needs Work**

Students Name: _____

Parent Name: _____

Is your child obedient to parents?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Does your child show respect to you and family members?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Does your child greet you when you enter the house?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Does your child say goodbye when you leave?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Has your child been truthful?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Does your child maintain a good relationship with his/her siblings?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Does your child keep his/her room neat and clean?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Is your child careful to not interrupt adult conversations?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Does your child study(homework) at home?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Does your child clean up after meals and snacks?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Does your child do what he/she is told the first time you ask?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Does your child Talk positively about himself/herself?	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

*Parents Comments

Since Starting our program, your child has improved on:

Your child needs to improve on:

Thank you for taking the time to fill out this form. Please be sure to sign and return this form prior to your exam.

Parent's Signature : _____

JK Martial Arts Academy



Teacher's Form

This form is only to be filled out by a school teacher

Student's full name: _____

Dear Teacher :

As a part of our training program here at **JK Martial Arts Academy**, we do our best, as you do, to instill in our students the qualities that will help them throughout their lives. These qualities include:

Respect, Honesty, Self-Discipline, Self-Control & Good Manners

After several weeks of hard work and dedication, the student above is ready to take his/her **Belt Promotion** exam, and hopefully reach their next rank within our Taekwondo curriculum at **JK Martial Arts Academy**. When a student enrolls, we insist that they strive hard to perform well in all of their academic pursuits. In that regard, please grade their performance in the following areas and sign below.

Should their school work fall below your expectations, we will postpone their exam until a later date. If you have any questions, please feel free to contact us.

We would also like to invite you to attend the promotion testing as our special guest. Hope to see you there.

Yours sincerely,

Master Jung Hoon Kim , JK Martial Arts Academy

- ☐ Yes, I highly recommend this student to take his/her **Belt Promotion** exam.
- ☐ Yes, I recommend this student to take his/her **Belt Promotion** exam. However, I feel this student needs more work in the following area:
- ☐ No, I do not recommend this student to take his/her **Belt Promotion** exam.

Grades	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Mostly	<input type="checkbox"/> Needs Work
Concentration	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Mostly	<input type="checkbox"/> Needs Work
Manners & Respect	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Mostly	<input type="checkbox"/> Needs Work

Thank you for taking the time to complete this form.

Teacher Signature: _____ Date: _____