



-----> 10 E Moonachie Street, Hackensack, NJ 07601 | P: (201) 229-9567



S
i
l
J
e
o
n
D
o

Part 2 of Testing Form for Children – Home Report Card

Student Full Name: _____ Present Belt Rank: White

Parent/Guardian's Full Name: _____ Age: _____ F / M

Relationship: Mother

Grading Criteria

Grading Criteria	A	B	C	D	E
Completes Assigned Chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observes Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes Bed / Cleans Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens & Answers to Parents Respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answers Others Respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous with Phone Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clears Plate from Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrains From Using Profanity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers for Extra Chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helps Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a First Time Listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picks Up After Themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“To be a true martial artist you must show –
Strength in every step; **Respect** in every breath; **Bravery** in every move; and **Discipline** of mind, body, and soul.”

Additional Comment(s):

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____



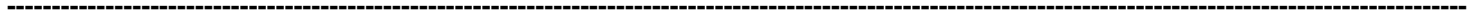
**** Instructions: Please use the following grading system to grade your child:

- A. = Excellent
- B. = Good
- C. = Average
- D. = Poor
- E. = Failing

This form is **REQUIRED** with the Test Registration form for Children.

It **MUST** be completed by either one of the Parent or Legal Guardian.

Must be signed by the Parent or Legal Guardian and the student and submitted with the test registration form **3 days prior** to the testing date scheduled for the student/child.



FOR OFFICE USE ONLY

Overall Grade: A B C D E

Testing Instructor's Signautre: _____ Instructor's Name: _____

"To be a true martial artist you must show –
Strength in every step; **Respect** in every breath; **Bravery** in every move; and **Discipline** of mind, body, and soul."