



BELT TEST APPLICATION FORM

SUBMIT THIS FORM NO LATER THAN 2 DAYS BEFORE THE TEST DATE

Name:		Age:		Test Date:	
CURRENT BELT	Little Tigers				
	Level 1				
	Level 2				
	Level 3				
Phone number:		For six years and younger only			
Parent/guardian signature:		Mom's birthday ____/____ (mm/dd)		Dad's birthday ____/____ (mm/dd)	

Please answer the following questions

- PARENTS:** Please choose any improvement(s) since your child began practicing Taekwondo. Please explain.
 (a) Self Awareness (b) Body strength & postures (c) Good attitude & Respect (d) Motivation
 (e) Empathy & Social skills (f) Self-control & regulation (g) Other
- PARENTS:** Does your child have any of the following issues outside of the Dojang? Please explain.
 (a) Self-control & regulation (b) Poor study habits (c) Lack of confidence (d) Abuse at school
 (e) Weak body and stamina (g) Other
- STUDENTS:** Do you have any questions or requests to the instructors?

Do not write below this line

Physical & Technical	Basic Punching	A	B	C	Retest
	Basic Kicking /Sparring Steps	A	B	C	Retest
	Poomsae & Hand tech	A	B	C	Retest
	One-step Sparring	A	B	C	Retest
	Combination Kicking	A	B	C	Retest
	Breaking	A	B	C	Retest
Mental	Ki-hap	A	B	C	Retest
	Discipline & Focus	A	B	C	Retest
	Q & A	A	B	C	Retest

Result: Pass Retest
Comments:
Examiner Signature: