

YELLOW TO ORANGE TIP Exam Form

Student's Name: _____ DOB: _____

Belt Size: _____

I recognize that belts and certificates (if applicable) are awarded only when specific standards of performance are met. In the event that I may 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 that 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.

Date: _____ Parent's Signature: _____

Form:

	1	2	3
Ko Ryo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

Kicking Combination:

	1	2	3
Kicking Combination #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

One Step Sparring:

	1	2	3
One Step Sparring #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Step Sparring #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Step Sparring #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

Weapon:

	1	2	3
Weapon #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapon #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapon #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Breaking:

	1	2	3
Jumping Hammer Fist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flying Side Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Spin Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Spin Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

_____ Official's Signature