

ACTION KARATE

215 348 7110

CONCENTRATION

2nd Kyu Promotion Requirements

Please answer with "honesty in the heart"

STUDENT NAME: _____

This portion to be filled out at home:

- | | | |
|--|---------|----|
| 1. I attend class twice per week | YES | NO |
| 2. I make up missed lessons promptly | A B C D | |
| 3. I pay attention to details | A B C D | |
| 4. I put 100% effort and energy into techniques | A B C D | |
| 5. I make eye contact when speaking with others | A B C D | |
| 6. I turn off television when doing homework | A B C D | |
| 7. I listen carefully in school so teacher doesn't repeat directions | A B C D | |

Student Signature: _____

Parent Signature: _____

This portion to be filled out by teacher:

The goal of the Action Karate program is to encourage improvements in all areas of our student's lives. Please help us by filling out this form.

	Yes	No
Student is receiving passing grades at school	___	___
Student is respectful at school	___	___
Student has a positive attitude at school	___	___
Student shows good behavior at school	___	___
Student accomplishes tasks at school	___	___

Teacher comments:

Promotion Night is _____ At (time) _____

I will attend _____ I will not attend _____

Action Karate participates in many community activities. We believe in the importance of Partners in Education and incorporate Character Building Skills into a customized program for your class or school.

Yes _____, I am interested in a presentation. Please call me to schedule.

Teacher Name: _____ phone: _____

Best time to call: _____ Email address: _____