

Focus Point Priority Sheet (Version: Beta 1.1)

Name _____

My top “Focus Point” priorities from my last test are:

#1 _____ Instructor Permission to move to next Focus Point _____ / ____ / ____
 Instructor Date

#2 _____ Instructor Permission to move to next Focus Point _____ / ____ / ____
 Instructor Date

#3 _____ Instructor Permission to move to next Focus Point _____ / ____ / ____
 Instructor Date

#4 _____ Instructor Permission to move to next Focus Point _____ / ____ / ____
 Instructor Date

My top “Techniques” to work on from my last test are:

#1 Left / Right _____ Kick / Punch

#2 Left / Right _____ Kick / Punch

#3 Left / Right _____ Kick / Punch

#4 Left / Right _____ Kick / Punch

Fitness Goals

	Last Test	Fitness Check	Fitness Check	Fitness Check	Goal
Pull Up					
Push Up					
Rope Skips					

Home Practice

Do 25 Repetitions of all “Techniques” being worked on, using current “Focus Point”

Fitness goals: practice your “Goal” plus 10. For example, if your goal is 10 push ups, then do 20 push ups in your home practice. If needed you can break the work into sets. But you should try to complete the work in as few sets as possible. For example if you are working 20 reps, then 1 set of 20, 2 sets of 10, 4 sets of 5, etc.

Home Challenge

What is it that you would like to see improved at home by the next belt graduation. This should be discussed with your child’s instructor.

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____ - _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Junior & Teen Notebook Worksheet (Version: Beta 2)

Name _____ Week# _____ Due Week of ____/____/____ Stripe Color _____

Special Info: _____

Lesson 1 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice: _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 2 Date _____

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Lesson 3 Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Extra Lesson Date _____

Today's Focus Point: Stance / Eyes / Posture / Hands / Pivot / Fold / Flex / Refold / Height / Breath / Stance / (_____)

I used my focus point at a ____ of 10. To do better next time I will _____

Instructor Comments To Parent _____

Home Practice _____

Lesson reviewed, home practice completed. **Parent Initials** _____

Parent Approval & Signature (at end of week, ie. Sunday)

Note: Students must get their parent approval and signature whether they attended class this week or not. If the student did not attend class this week, please circle the reason for their absence: **illness** / **out of town** / (**other:** _____)

With regards to my child's: Behavior at home, completion of chores, behavior at school, homework, and receiving passing grades (C or better):

I approve my child to receive this week's belt stripe.

I do not approve my child to receive this week's belt stripe. (if possible, circle the areas of concern above) Please contact me at _____ - _____ - _____ Best time to call _____

Parent / Guardian Signature

Name _____

FOOD LOG

From Monday _____ to Sunday _____

Lean Meat Portion/Point: Palm of hand

Fruit, Vegetable, Nuts/Seeds Portion/Point: 1 handful

	Breakfast	Snack	Lunch	Snack	Diner	Snack	Daily Points: 1 point per serving of: Lean meat, vegetable, nuts/seeds, or fruit.
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Points For The Week: _____

Sparring Log (Version: Beta 1)

Name _____

Date _____ Type of Sparring _____

Focus Point _____ Use of focus point was ____ of 10

What I did well was _____

What I will improve is _____

Additional notes: _____

Date _____ Type of Sparring _____

Focus Point _____ Use of focus point was ____ of 10

What I did well was _____

What I will improve is _____

Additional notes: _____

Date _____ Type of Sparring _____

Focus Point _____ Use of focus point was ____ of 10

What I did well was _____

What I will improve is _____

Additional notes: _____

Date _____ Type of Sparring _____

Focus Point _____ Use of focus point was ____ of 10

What I did well was _____

What I will improve is _____

Additional notes: _____

Date _____ Type of Sparring _____

Focus Point _____ Use of focus point was ____ of 10

What I did well was _____

What I will improve is _____

Additional notes: _____

Date _____ Type of Sparring _____

Focus Point _____ Use of focus point was ____ of 10

What I did well was _____

What I will improve is _____

Additional notes: _____

Date _____ Type of Sparring _____

Focus Point _____ Use of focus point was ____ of 10

What I did well was _____

What I will improve is _____

Additional notes: _____

Date _____ Type of Sparring _____

Focus Point _____ Use of focus point was ____ of 10

What I did well was _____

What I will improve is _____

Additional notes: _____

Fitness Log (Version: Beta 1)

Name _____

Personal Records (Date & Score)

Max. Pull ups								
Max. Push ups								
Single Rope Skips (60 Sec.)								
Double Under Skips (60 Sec.)								
Max. Double Under (in a row)								
1 Mile Run								
5K Run (3.1 Miles)								
Tabada Kick Set								
Other								
Other								

WOD Date _____ Rx: Scale: Time/Score: _____ Notes:	WOD Date _____ Rx: Scale: Time/Score: _____ Notes:
WOD Date _____ Rx: Scale: Time/Score: _____ Notes:	WOD Date _____ Rx: Scale: Time/Score: _____ Notes:
WOD Date _____ Rx: Scale: Time/Score: _____ Notes:	WOD Date _____ Rx: Scale: Time/Score: _____ Notes: