

ORANGE TO 8TH BLUE TEST REQUIREMENTS

10 classes to test for RED, WHITE and BLUE stripes - 20 classes to test

Red Stripe Forms

Basic Form Number 1
Basic Form Number 4
Falling Form

White Stripe - 1 Steps

Inside Block Punch - Jab - Palm Strike –
Choice of take down
Knifehand - Grab - Round Kick - Face Punch -
Baseball Bat Throw
(Adults Right and Left)

White Stripe - Hard Grabs

Front Bear Hug Defense
Rear Bear Hug Defense
2 Hand Front Choke Defense
2 Hand Rear Choke Defense
1 Arm Rear Choke Defense

White Stripe - Soft Grabs

Single Wrist Grab Arm Bar
Double Wrist Grab Hammerlock

White Stripe - Escapes

Wrist Grab Escape
Double Wrist Grab Escape
2 Hands Grabbing 1 Escape
Lapel Grab Escape

Blue Stripe

Blocks: Low, Knife Hand, High Block, Inside
Block, Outside Block
Standing Jab, Standing Reverse Punch
Stepping Face Punch, Stepping Center Punch
Front Kick, Side Kick, Round Kick, Hook Kick and
Back Kick
Front Stance, Back Stance, Horse Stance, Ready
Stance, Fighting Stance

Orange Stripe – Throws and Take Downs

Foot Sweep
Dead Tree
Shoulder Drop

Black Stripe

Optional Sparring

Green Stripe - Fitness

Tie Your Own Belt (Juniors)
20 Palm Push Ups
40 Crunches
30 Jumps Over Target
1.5 Minute In Horse Stance
15 Seconds in Front Stance
15 Seconds in Back Stance

Yellow Stripe – Board Breaking

1 Board Standing Back Kick

Word Definition: Focus – on exam
Master Instructor: Master Ercolono
Uniform: White w/ patches
6 Basic Positions: Ready, At Ease, Listen
Fighting, Attention &
Bow
4 Directions: Mirror, Front Door,
Red Wall & Back Door
3 Lines: Front Line, Class Line
& Back Line

ORANGE TO BLUE TEST APPLICATION

*Parents, please take a few moments to help your child complete this form.
Forms are due 1 week prior to exam – late forms subject to \$10 late fee.
Incomplete forms will be returned.*

STUDENT'S NAME: _____	
RANK TESTING TO: _____	STUDENT'S AGE: _____
BELT SIZE (found on current belt): _____	
EXAM FEE: _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <i>or</i> <input type="checkbox"/> Charge (card on file <input type="checkbox"/> yes <input type="checkbox"/> no)	

ALL STUDENTS

All Students – Do you practice at home? yes no

All Students – My goal is to take my Black Belt Exam on: date: _____

All Students – Circle the areas that you or your child has improved on since starting the program.

Discipline	Focus	Perseverance	Confidence	Coordination
Courage	Attitude	Fitness / Health	Works with Others	Stretch

Black Belt Club Member (Blue and Higher) Yes No Give me Information

Masters Club Member (Black Belts Only) Yes No Give me Information

JUNIOR STUDENTS

Junior Students – Please list 3 extra chores accomplished to pay for the testing fee:

1. _____
2. _____
3. _____

Junior Students – Does someone else help you practice at home? yes no

Parents – Is your child doing well in school & doing their homework? yes no

Parents – Would you like to have a conference with your child's instructor? yes no

ORANGE TO BLUE EXAM

Student's Full Name: _____

Age: _____

Parent's Full Name: _____

My Goal is to earn my Blue Belt by (Approximately 3 Months)

___/___/___

*The marks below are for instructors to fill out. They represent an appraisal of your child's achievement and effort toward master of the skills and knowledge for the rank of Yellow Belt as established by **The Way Institute of Martial Arts**.*

√=Correct / Circled items need work
 1=Poor / 2=Needs Work / 3=Good / 4=Very Good / 5=Excellent

Uniform / Teachers / Directions / Success Manual / Word Definition

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Appropriate Uniform | <input type="checkbox"/> Clean and correctly tied | <input type="checkbox"/> School Patch | <input type="checkbox"/> Flag Patches |
| <input type="checkbox"/> Knows Teacher's Name | <input type="checkbox"/> Knows Directions | <input type="checkbox"/> Success Manual | <input type="checkbox"/> Focus Definition |

Class Behavior:

	1	2	3	4	5	Comments
Polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Energy Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obeys Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Listens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

6 Basic Positions:

	1	2	3	4	5	Comments
Ready	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
At Ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RED STRIPE – Forms

							GRADE
Falling Form	<input type="checkbox"/> Forward Fall	<input type="checkbox"/> Left Side Fall	<input type="checkbox"/> Right Side Fall	<input type="checkbox"/> Back Fall			
	<input type="checkbox"/> F. Shoulder Roll	<input type="checkbox"/> B. Shoulder Roll					
Basic #1	<input type="checkbox"/> Correct	<input type="checkbox"/> Breathing	<input type="checkbox"/> Power	<input type="checkbox"/> Stance	<input type="checkbox"/> Focus	<input type="checkbox"/> Block Fold	
Basic #4	<input type="checkbox"/> Correct	<input type="checkbox"/> Breathing	<input type="checkbox"/> Power	<input type="checkbox"/> Stance	<input type="checkbox"/> Focus	<input type="checkbox"/> Thrust	

WHITE STRIPE – Partner Material

							GRADE
One-Steps							
Inside	<input type="checkbox"/> Power	<input type="checkbox"/> Correctly	<input type="checkbox"/> Focus				
Inside	<input type="checkbox"/> Power	<input type="checkbox"/> Correctly	<input type="checkbox"/> Focus				
Knife	<input type="checkbox"/> Power	<input type="checkbox"/> Correctly	<input type="checkbox"/> Focus				
Knife	<input type="checkbox"/> Power	<input type="checkbox"/> Correctly	<input type="checkbox"/> Focus				
	Hard Grabs						
	<input type="checkbox"/> R.B. Hug	<input type="checkbox"/> F.B. Hug					
	<input type="checkbox"/> F.Choke	<input type="checkbox"/> F. Choke #2					
	<input type="checkbox"/> R. One Arm	<input type="checkbox"/> R. 2 Arm					
	Soft Grabs – Locks						
	<input type="checkbox"/> Wrist – Arm Bar	<input type="checkbox"/> D. Wrist – Hammer					
	Escapes						
	<input type="checkbox"/> 1 Wrist	<input type="checkbox"/> Double Wrist					
	<input type="checkbox"/> 2 Grabbing 1	<input type="checkbox"/> Lapel					

ORANGE STRIPE – Take-downs

				GRADE
Foot Sweep	<input type="checkbox"/> Correctly	<input type="checkbox"/> Foot Position	<input type="checkbox"/> Power	Comments _____
Dead Tree	<input type="checkbox"/> Correctly	<input type="checkbox"/> Foot Position	<input type="checkbox"/> Power	Comments _____
Should Drop	<input type="checkbox"/> Correctly	<input type="checkbox"/> Foot Position	<input type="checkbox"/> Power	Comments _____

The Way Institute of Martial Arts

BLUE STRIPE – Blocks, Kicks & Punches

GRADE

	1	2	3	4	5	Comments		1	2	3	4	5	Comments
Low Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Front Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Side Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knife Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Round Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inside Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hook Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outside Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Front Stance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Jab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Horse Stance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rev. Punch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back Stance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Center Punch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
							Face Punch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Exam Comments: _____

Candidate for Black Belt Club Yes No N/A

Conference is Requested Yes No

Materials Needed for next Rank of Blue Belt: _____

Overall Feedback **1 2 3 4 5**

Results: Pass Partial Pass _____ Please retake exam on _____

Graded By: _____ **Rank** _____