

PURPLE TO ORANGE TEST REQUIREMENTS

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

7 Yrs. +

Red Stripe Forms

Basic Form Number 2
Basic Form Number 3
Falling Form

White Stripe - 1 Steps

Inside Block - Punch - Jab - Palm Strike
Knifehand - Grab - Round Kick - Face Punch
(Adults Right and Left)

White Stripe - Hard Grabs

Front Bear Hug Defense
Rear Bear Hug Defense
2 Hand Front Choke Defense
2 Hand Front Choke Defense-Thumbs
2 Hand Front Choke Defense-Elbow/Elbow

White Stripe - Soft Grabs

Single Wrist Grab Arm Bar

White Stripe - Escapes

Wrist Grab Escape
Double Wrist Grab Escape
2 Hands Grabbing 1 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

Black Stripe

Optional Sparring

Green Stripe - Fitness

20 Palm push ups
30 Crunches
20 Jumps Over Target
30 Seconds in Horse Stance
15 Seconds in Front Stance
15 Seconds in Back Stance

Yellow Stripe –Safety Stripe

Family Password

Word Definition: Honesty – 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

PURPLE TO ORANGE 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 (<i>found on current belt</i>): _____	
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

PURPLE TO ORANGE EXAM

Student's Full Name: _____

Age: _____

Parent's Full Name: _____

My Goal is to earn my Blue Belt by (Approximately 2-3 Months) ___/___/___

√=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"/> Honesty 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 #2	<input type="checkbox"/> Correct	<input type="checkbox"/> Breathing	<input type="checkbox"/> Power	<input type="checkbox"/> Stance
		<input type="checkbox"/> Focus	<input type="checkbox"/> Thrust	
Basic #3	<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	

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

Soft Grabs – Locks

<input type="checkbox"/> Wrist – Arm Bar
--

Escapes

<input type="checkbox"/> 1 Wrist	<input type="checkbox"/> Double Wrist
----------------------------------	---------------------------------------

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 _____

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"/>	_____
							Jab	<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"/>	_____	Rev. Punch	<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"/>	_____	Center 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"/>	_____	Face Punch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Exam Comments: _____

Results: Pass Partial Pass _____ Please retake exam on _____

Graded By: _____

Rank