

**PURPLE TO PURPLE/WHITE TEST REQUIREMENTS**  
**(7& under)**

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

**Red Stripe Forms**

Basic Form Number 2  
Falling Form

**White Stripe - 1 Steps**

Inside Block - Punch - Jab - Palm Strike  
Knifehand - Grab - Round Kick - Punch

**White Stripe - Hard Grabs**

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

**White Stripe - Soft Grabs**

**White Stripe - Escapes**

Wrist Grab Escape  
Double Wrist Grab Escape

**Blue Stripe**

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

**Orange Stripe – Throws and Take Downs**

Foot Sweep

**Black Stripe**

Optional Sparring

**Green Stripe - Fitness**

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

**Yellow Stripe – Safety**

Emergency Number  
Home Phone Number  
Address  
Meeting Place in Case of Emergency

**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 – PURPLE/WHITE 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: \_\_\_\_\_ Check Cash *or* Charge (card on file yes 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 PURPLE/WHITE EXAM**

Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_

My Goal is to earn my Orange Belt by (Approximately 2-3 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

<b>Uniform / Teachers / Directions / Success Manual / Word Definition</b>			
<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**

	1	2	3	4	5	Comments	GRADE
Falling Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Basic #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<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	
	<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**

	1	2	3	4	5	Comments	GRADE
<b>One-Steps</b>							
Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
	<input type="checkbox"/> Power	<input type="checkbox"/> Correctly	<input type="checkbox"/> Focus				
	<input type="checkbox"/> Power	<input type="checkbox"/> Correctly	<input type="checkbox"/> Focus				
<b>Hard Grabs</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
	<input type="checkbox"/> R.B. Hug	<input type="checkbox"/> F.B. Hug	<input type="checkbox"/> F.Choke				
<b>Escapes</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
	<input type="checkbox"/> 1 Wrist	<input type="checkbox"/> Double Wrist					

**ORANGE STRIPE – Take-downs**

	1	2	3	4	5	Comments	GRADE
Foot Sweep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/> Correctly	<input type="checkbox"/> Foot Position	<input type="checkbox"/> Power				

**BLUE STRIPE – Blocks, Kicks & Punches**

	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"/>	_____		Jab	<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"/>	_____		Rev. Punch	<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"/>	_____		Center Punch	<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"/>	_____		Face Punch	<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"/>	_____		Front Stance	<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"/>	_____		Horse Stance	<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"/>	_____		Back Stance	<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"/>	_____								

**Exam Comments:** \_\_\_\_\_

**Results:**  Pass  Partial Pass \_\_\_\_\_  Please retake exam on \_\_\_\_\_

**Graded By:** \_\_\_\_\_ **Rank** \_\_\_\_\_