

WHITE TO PURPLE TEST REQUIREMENTS

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

Red Stripe Forms

Basic form Number 1
Falling Form

White Stripe - 1 Steps

Inside Block - Punch
Knifehand Block- Grab - Round Kick
(Adults Right and Left)

White Stripe - Hard Grabs

Front Bear Hug Defense
Rear Bear Hug Defense

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,

Orange Stripe – Throws and Take Downs

Foot Sweep

Yellow Stripe - Safety

911, Home Phone & Home Address

Black Stripe

Juniors- Foot Sweeping
Adults -Target 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

Word Definition:

Respect – 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

WHITE OR YELLOW – PURPLE 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 Courage	Focus Attitude	Perseverance Fitness / Health	Confidence Works with Others	Coordination Stretch
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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

WHITE OR YELLOW TO PURPLE 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

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"/> Respect Definition |

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

6 Basic Positions:

RED STRIPE – Forms

- | | | | | |
|--------------|---|---|--|-------------------------------------|
| 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 |

WHITE STRIPE – Partner Material

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 |
|-----------------------------------|-----------------------------------|

Escapes

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

ORANGE STRIPE – Take-downs

- | | | | | |
|------------|------------------------------------|--|--------------------------------|----------------|
| Foot Sweep | <input type="checkbox"/> Correctly | <input type="checkbox"/> Foot Position | <input type="checkbox"/> Power | Comments _____ |
|------------|------------------------------------|--|--------------------------------|----------------|

BLUE STRIPE – Blocks, Kicks & Punches

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"/>

Exam Comments: _____

Results: Pass Partial Pass _____ Please retake exam on _____

Graded By: _____ **Rank** _____