

# DAVID FULLER KARATE

Traditional Korean Martial Arts

## APPLICATION FOR PROMOTION

DATE OF TEST: \_\_\_\_\_ TIME: 6pm

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRESENT RANK: \_\_\_\_\_

BELT TESTING FOR: \_\_\_\_\_ BELT SIZE: \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S SIGNATURE

I respectfully submit this student's application for promotion. This student has conceptual knowledge of the techniques, philosophy and Martial Art spirit that are required for this level.

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE

PROMOTION TEST FEE: \$55 (\$5.00 discount if paid in cash).  
Please staple to completed application.

### Student Check List

1. **Full uniform MUST be worn to the test.**
2. Make sure Home and School Evaluation is completely filled out by your teacher and parents and brought with you to the test.
3. **Verify TIME and DATE of test** with instructor and DO NOT be late.
4. Try not to miss class during the testing week.
5. Have a positive attitude!

## PROMOTION EVALUATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Rating Scale: 0 = Fail or Lowest

Current Form	0	1	2	3	4	5	
Form Stances	0	1	2	3	4	5	
All other forms	0	1	2	3	4	5	
Form Stances	0	1	2	3	4	5	

Blocks	0	1	2	3	
Weapons	0	1	2	3	

Punching / Hand Techniques	0	1	2	3	
Basic Kicks	0	1	2	3	
Jumping Kicks	0	1	2	3	
Advanced Kicks	0	1	2	3	

One Step Hand	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

One Step Foot	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Discipline / Attitude	0	1	2	3	4	5	
Terminology	0	1	2	3	4	5	

This Student has / has not successfully demonstrated adequate ability for the desired rank.

\_\_\_\_\_  
Promotional Board Member

Comments: \_\_\_\_\_

## PARENT'S REPORT AND EVALUATION

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This student is in final preparation to be promoted to the next belt level. We take into consideration the student's behavior outside the school so we ask for you to please take a few minutes and answer this questionnaire. Thank you for your cooperation and if you have any questions please feel free to call or speak to one of the instructors.

**Key: 1=never, 2=occasionally, 3=sometimes, 4=most of the time, 5=always.**

- |  |     |    |    |   |   |
|--|-----|----|----|---|---|
| 1. Do you feel your son/daughter has shown development in attitude, behavior, and character?                             | 1   | 2  | 3  | 4 | 5 |
| 2. Do you feel he/she is respectful to their parents, grandparents, and all other family members?                        | 1   | 2  | 3  | 4 | 5 |
| 3. Do you feel he/she is truthful at all times?  | 1   | 2  | 3  | 4 | 5 |
| 4. Do you feel that your son/daughter is following directions the first time he/she is asked?                            | 1   | 2  | 3  | 4 | 5 |
| 5. Do you feel that your son/daughter is being responsible for the upkeep and neatness of their room & household chores? | 1   | 2  | 3  | 4 | 5 |
| 6. Do you feel that your son/daughter is practicing proper hygiene like we talk about in our "Life Lessons"?             | 1   | 2  | 3  | 4 | 5 |
| 7. Do you feel that your son/daughter is diligently studying their schoolwork at home?                                   | 1   | 2  | 3  | 4 | 5 |
| 8. Do you feel he/she deserves promotion to his/her next belt rank?  | Yes | No | ?? |   |   |

### PARENT QUESTIONS

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Do you (the parent) interact with our social media pages like Facebook, Twitter, or Instagram?               | 1 | 2 | 3 | 4 | 5 |
| 2. Do you (the parent) write online reviews on Google, Facebook, or Yelp about the positive impact DFK has had? | 1 | 2 | 3 | 4 | 5 |

**SPECIAL COMMENTS:** \_\_\_\_\_

# SCHOOL REPORT AND EVALUATION

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Dear Teacher,

This student is in final preparation to be promoted to the next belt level. We take into consideration the student's behavior outside the karate school so we ask for you to please take a few minutes and answer this questionnaire. Thank you for your cooperation and if you have any questions please feel free to call or speak to one of the instructors.

**Key: 1=never, 2=occasionally, 3=sometimes, 4=most of the time, 5=always.**

- |    |  |   |   |   |   |   |
|----|--|---|---|---|---|---|
| 1. | Do you feel that this student has been working to his/her ability in school?     | 1 | 2 | 3 | 4 | 5 |
| 2. | Do you feel that this student follows directions the first time he/she is asked? | 1 | 2 | 3 | 4 | 5 |
| 3. | Do you feel that this student completes assignments on time?                     | 1 | 2 | 3 | 4 | 5 |
| 4. | Do you feel that this student participates in class?                             | 1 | 2 | 3 | 4 | 5 |
| 5. | Do you feel that this student has respect for others?                            | 1 | 2 | 3 | 4 | 5 |
| 6. | Do you feel that this student keeps their desk/area clean?                       | 1 | 2 | 3 | 4 | 5 |

**Would you like for us to come do a Safety Talk in your classroom?** YES NO

Teacher contact info: Phone# \_\_\_\_\_ Email: \_\_\_\_\_

**SPECIAL COMMENTS:** \_\_\_\_\_

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