

Name _____

Date _____

JUNIOR INTEMEDATE

JUNIOR ADVANCED

JUNIOR BLACK BELT

Week# 1 2 3 4 5 6 7 8 9 10 (circle please)

HOME WEEKLY CHECKLIST

Task	Did not Participate	Needs Improvement	Success	Involvement
Practice Martial Arts				<input type="checkbox"/> Need Reminding <input type="checkbox"/> Need Parent Assistance <input type="checkbox"/> Completed w/out Assistance or Reminding
Chores				<input type="checkbox"/> Need Reminding <input type="checkbox"/> Need Parent Assistance <input type="checkbox"/> Completed w/out Assistance or Reminding
Respect to Others				<input type="checkbox"/> Need Reminding <input type="checkbox"/> Need Parent Assistance <input type="checkbox"/> Completed w/out Assistance or Reminding
Yes Sir/Ma'am				<input type="checkbox"/> Need Reminding <input type="checkbox"/> Need Parent Assistance <input type="checkbox"/> Completed w/out Assistance or Reminding
Homework/ School Grades Must be a C or Higher				<input type="checkbox"/> Need Reminding <input type="checkbox"/> Need Parent Assistance <input type="checkbox"/> Completed w/out Assistance or Reminding
Parent Stripe				<input type="checkbox"/> Need Reminding <input type="checkbox"/> Need Parent Assistance <input type="checkbox"/> Completed w/out Assistance or Reminding
Student Goal				<input type="checkbox"/> Need Reminding <input type="checkbox"/> Need Parent Assistance <input type="checkbox"/> Completed w/out Assistance or Reminding

Parent Signature: _____ DO NOT THROW AWAY. THIS IS REQUIRED TO TURN IN WEEKLY!

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