

# Yellow II to Green I Class Tracker & Requirements

Classes:

*(enter the dates  
you attend class)*


Sparring:

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<b>Green I Test</b> <b>2 Months/24 classes/4 Sparring</b>
<p><u>Forms Katas</u></p> <p>Palgue Form 1 Palgue Form 2 Palgue Form 3</p> <p><u>Kicks</u></p> <p>Fighting Pattern 1 Fighting Pattern 2 Fighting Pattern 3 Round House Back Kick Jump Front Kick Jump Round Kick Back Step Side Kick Skip Side Kick Outside In crescent Spin Crescent</p> <p><u>Basic Technique</u></p> <p>Front Stance w/ Punch Down Block Outside Block Center Double Punch Inside Block Outside Chop Inside Chop Double Center Block Side Punch Back Stance Basic Technique Double Down Block Double Center Block Double Low Knife Hand Double Center Knife Hand</p> <p><u>One Steps 1-6</u></p> <p><u>Exchange Sparring</u></p> <p>One 1 Minute Round</p>

# PALGUE FORM III

# (Pal-Gwe Sam-Chang)

## ACTION SINGLE CHOON BI

1	1	TURN LEFT 90°, LEFT DOWN BLOCK	FRONT STANCE
	2	STEP FORWARD, RIGHT CENTER PUNCH	FRONT STANCE
2	3	TURN RIGHT 180°, RIGHT DOWN BLOCK	FRONT STANCE
	4	STEP FORWARD, LEFT CENTER PUNCH	FRONT STANCE
3	1	TURN LEFT 90°, LEFT DOWN BLOCK	FRONT STANCE
	2	STEP FORWARD, RIGHT HIGH BLOCK	FRONT STANCE
	3	STEP FORWARD, LEFT HIGH BLOCK	FRONT STANCE
	4	STEP FORWARD, RIGHT CENTER PUNCH (KIAI)	FRONT STANCE
4	1	TURN RIGHT 270°(back leg), LEFT DOUBLE KNIFE HAND HIGH	BACK STANCE
	2	STEP FORWARD, RIGHT DOUBLE KNIFE HAND HIGH	BACK STANCE
1	3	TURN RIGHT 180°, RIGHT DOUBLE KNIFE HAND HIGH	BACK STANCE
	4	STEP FORWARD, LEFT DOUBLE KNIFE HAND HIGH	BACK STANCE
2	1	TURN LEFT 90°, LEFT CENTER BLOCK	BACK STANCE
		TURN RIGHT 180°, RIGHT CENTER BLOCK (KIAI)	BACK STANCE
	2	STEP BACK, LEFT INSIDE CENTER BLOCK	BACK STANCE
	3	STEP BACK, RIGHT INSIDE CENTER BLOCK	BACK STANCE
	4	STEP BACK, LEFT INSIDE CENTER BLOCK	BACK STANCE
		TURN RIGHT 180°, RIGHT CENTER BLOCK (KIAI)	BACK STANCE
3	1	TURN RIGHT 270°(back leg), RIGHT INSIDE CENTER BLOCK, LEFT HIGH BLOCK COMBINATION	FRONT STANCE
	2	STEP FORWARD, RIGHT HIGH CENTER PUNCH	FRONT STANCE
4	3	TURN RIGHT 180°, LEFT INSIDE CENTER BLOCK	FRONT STANCE
	4	STEP FORWARD, LEFT HIGH CENTER PUNCH	FRONT STANCE

**CHOON BI (LEFT FOOT TO RIGHT FOOT)**  
**ATTENTION, BOW**



# Test Preparation Sheet



Name: \_\_\_\_\_

To prepare for your next test, please fill out this sheet. There are three sections. Section A should be filled out as soon as you receive this sheet. Section B can be done at any time up to your test. Section C should be done some time after your test, depending on the questions (i.e. Goals as the target date passes).

Turn this sheet into your Instructor for evaluation. This will help us get to know you better, help you meet your goals, and assist you on your path to Black Belt.

## **Section A** (Complete this section now)

- a. What is your current belt level? \_\_\_\_\_
- b. What is your next belt level? \_\_\_\_\_
- c. When is your next test target date? \_\_\_\_\_
- d. What is your Most Favorite kick? \_\_\_\_\_
- e. What is your Least Favorite kick? \_\_\_\_\_
- f. What is your Most Favorite form? \_\_\_\_\_
- g. What is your Least Favorite form? \_\_\_\_\_
- h. What is your weakest point in martial arts? \_\_\_\_\_
- i. What is your strongest point in martial arts? \_\_\_\_\_
- j. Which other student do you look up to the most?  
\_\_\_\_\_
- k. Which other student looks up to you the most?  
\_\_\_\_\_
- l. What are the goals you want to complete before your next test?  
Target Date: \_\_\_/\_\_\_/\_\_\_ :: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Test Preparation Sheet



## **Section B** (Complete this section any time before your test)

- a. Did you complete your next test goals (Question A.1)? \_\_\_\_\_  
If No, then why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. What are the goals you want to complete in the next six months?  
Target Date: \_\_\_/\_\_\_/\_\_\_ :: \_\_\_\_\_  
\_\_\_\_\_
- c. What are the goals you want to complete in the next year?  
Target Date: \_\_\_/\_\_\_/\_\_\_ :: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Who were the Instructors that you learned from since your last test?  
\_\_\_\_\_

## **Section C** (Complete this section any time after your test)

- a. Did you complete your six month goals (Question B.b)? \_\_\_\_\_  
If No, then why not? \_\_\_\_\_  
\_\_\_\_\_
- b. Did you complete your one year goals (Question B.c)? \_\_\_\_\_  
If No, then why not? \_\_\_\_\_  
\_\_\_\_\_

**Instructor Comments**

**Name:** \_\_\_\_\_

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# 300 Forms Club

**Overview:** The goal of the 300 Forms Club is to perform each of your testing forms 300 times each in the 2 months leading up to your test for your new belt. If you perform your forms 300 times each, for three belt levels in a row, you will have performed your forms over 1000 times (counting the practice in class). If you do anything a 1000 times, you will be much better, stronger and faster.

**Rules:** Forms must be done outside of class, forms in class do not count toward the 300. Present the completed form to your Instructor before testing to be recognized as a 300 Forms Club member at the Promotion Ceremony.

**Rewards:** You will get a 300 Forms Club Trophy at the next Promotion Ceremony, a Certificate and Your Name on the school's 300 Forms Club Plaque.

**Testing Eligibility:** In order to be eligible for your next test you must complete your top 3 forms 100 times each. Use the gray section to mark your progress before your next test.

**Student Name:** \_\_\_\_\_ **Inst Ini:** \_\_\_\_\_

**Belt Level:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Test Date:** \_\_\_\_\_

**Form:**

100	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000
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200	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000
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300	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000
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**Form:**

100	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000
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300	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000
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**Form:**

100	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000
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200	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000
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300	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000
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## Signatures

Student: \_\_\_\_\_  
 Parent: \_\_\_\_\_  
 Instructor: \_\_\_\_\_

*By signing this form I confirm that the # of forms completed above are accurate and were completed separate from those in class.*