



# Q's Taekwondo

**Parent / Teacher Academic/Behavioral Check**

(To be completed prior to Promotion Testing or Competition)

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

Date: \_\_\_\_\_

Testing Date: \_\_\_\_\_

Current Belt Rank: \_\_\_\_\_

**Prior to belt testing, students are required to have this Academic/Behavioral Check completed by their parents and teachers. Please note student's strengths, weaknesses and include ways to better improve themselves in these areas.**

## Parent Comments:

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Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Teacher Comments:

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Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_