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: ________________