

Family Martial Arts Center

Student _____

Age _____ Student Number _____

ALL AGES - 2ND DAN HEAVEN

**I.D. Size Photo
REQUIRED**

Test form, fee and
picture are due one
week before your test.

Num	Description of Technique	Grade
1	Japanese Form - (Kata Tekki Sho Dan)	
2	Aikido 1,2 - Ho Shin Sul	
3	One Step Punch Sparring 1,2 - Ilbo Son Kyurugi	
4	Creation Self Defense (2 techniques vs. staff)	
5	Grappling 1,2 (Choke 1, Arm Lock 1)	
6	Sparring Combinations 1,2	
7	Hand to Hand Combat (Sparring and/or Grappling)	
8	Breaking - 3 Elective Breaks	

Additional Assessment Items	
Terminology	
Discipline	
Effort	
Leadership (1 class/wk.)	

Comments:

Please return your test form within one week.

Examiner: _____

Result: _____ Date: _____