

Grading Application

Grading Dates: _____

Return By: _____

Student Name: _____

Grading for: _____

Please check which grading you will attend: Thurs 4:30pm Thurs 6:30pm Fri 5:30pm

Section A: To be filled out by student. (Check Yes or No)

	Yes	No
I show improvement in physical fitness.	<input type="checkbox"/>	<input type="checkbox"/>
I will have a witness attending grading.	<input type="checkbox"/>	<input type="checkbox"/>
I attend class regularly.	<input type="checkbox"/>	<input type="checkbox"/>
I have set goals for my next grading.	<input type="checkbox"/>	<input type="checkbox"/>
I strive to set an example for others.	<input type="checkbox"/>	<input type="checkbox"/>
I make healthy choices.	<input type="checkbox"/>	<input type="checkbox"/>
I have sponsored a new member.	<input type="checkbox"/>	<input type="checkbox"/>
I will wear a full gi with top & crest to grading.	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Regular Progress Report – fill out physical fitness markers to track your progress.

<p>I can do _____ pushups.</p> <p>I can do _____ leg raises.</p> <p>I can hold a plank for _____.</p> <p>I can do _____ punches in 30 seconds.</p> <p>I can do _____ burpees in 30 seconds.</p> <p>I can run 1km (10 & above) or 400 metres (9 & under) _____ in _____.</p> <p>Weight _____. Body fat percentage _____. BMI _____. (Adults optional)</p>
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