

Checklist needs to be turned in each week for permission to test.
Do Not Throw Away!

Signature: _____

| Housework | Su | M | Tu | W | Th | F | Sa |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| "Say 'Yes Sir/Ma'am'" | | | | | | | |
| Demonstrate | | | | | | | |
| Respect/Courtesy | | | | | | | |
| Practice martial arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Advanced | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warrior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Goal #1 | | | | | | | |
| Goal #2 | | | | | | | |
| Try Something New | | | | | | | |
| Work on Good | | | | | | | |
| Communication | | | | | | | |
| Demonstrate BB Standard | | | | | | | |
| (confidence, respect, etc) | | | | | | | |
| Train Patiently with | | | | | | | |
| Kids | | | | | | | |
| Kid's Choice | | | | | | | |

Week # 1 2 3 4 5 6 7 8 9 10 11 12 (circle please)

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