

Name \_\_\_\_\_ Date \_\_\_\_\_

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

**SCHOOL CHECKLIST**

Academic Activity	□ Little Dragon		□ Juniors		□ Teenagers	
	Fair	Good	Excellent	Superb		
Pays attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Willingly participates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Completes homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Treats peers with courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Show teacher respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recent report card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teacher's comments _____						

My child received an award from school for \_\_\_\_\_

My child is not yet in school but works hard at home by \_\_\_\_\_

Parent's /Teacher's Signature \_\_\_\_\_

*It is REQUIRED that each student apply for one Home/School Checklist each week to get permission to test. Completed forms need to be given to instructor before each class. Report Cards will also count for juniors and teens.*

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**HOME CHECKLIST**

	Su	M	Tu	W	Th	F	Sa
Make Bed/Clean Room							
Brush Teeth							
Go to bed when told							
Demonstrate Respect/Courtesy							
Practice martial arts							
Basic <input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
Say "Please/Thank You"							
Say "Yes Sir/Ma'am"							
Do Homework							
Clean up personal dishes							
Parent's Choice							
Demonstrate BB Standard (confidence, respect, etc)							
Student Choice:							

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

**DO NOT THROW AWAY. THIS IS REQUIRED TO TURN IN TO TEST!**

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Advanced <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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