

Indiana Academy of Martial Arts

Promotion Exam

Name: _____ Rank Testing For: _____

If at anytime I, _____ violate any of the rules and regulations governing Indiana Academy of Martial Arts, I hereby agree that Indiana Academy of Martial Arts reserves the right to suspend my rank or status.

Date of Test: _____ Signature of Student: _____

Parent Signature (if student is under the age of 18): _____

Criteria	Score	Comments
Punching Ability		
Front Kick		
Roundhouse Kick		
Side Kick		
Advanced Kicks		
Basic Movements		
Form I		
Form II		
Form III		
Terminology		
One-step Sparring # -		
Self-Defense # -		
Sparring		
Breaking		

Respect / Attitude		Ki-Haps		Attendance		Portfolio	
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Scoring: Excellent = 4 Good = 3 Average = 2 Poor = 1 Fail = 0

PASS

RETEST

HOLD

Instructor's Signature: _____ Date _____

Examiner's Signature: _____ Date _____