

Student's Name: _____ Week of: _____

Have you practiced your Forms today?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What did you practice?							

Have you practiced your Self Defense today?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What did you practice?							

Have you practiced your One-Step Sparring today?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What did you practice?							

Parent's Signature: _____ Date: _____