What did you practice?							
Have	you pr	acticed	l your S	Self Def	ense t	oday?	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What did you practice?							
Have	-	acticed	-		-		-
What did you practice?	you pr	Monday	Tuesday	One-Ste	ep Spa	rring t	oday?

_Week of:_____

Friday

Saturday

Student's Name:_____

Sunday

Have you practiced your Forms today?

Tuesday

Wednesday

Thursday

Monday