

Teacher's Form



**Student Belt Advancement:** \_\_\_\_\_  
(Student's Name)

Dear Teacher,

As part of our training program at *Marietta Martial Arts*, we do our best, as you do as a teacher, to instill in our young students qualities that will help them throughout their lives. These qualities that we strive to develop in each of our students include:

**Respect, Focus, Self-Discipline, and Best Effort in their school work**

When our students enroll, we insist they strive hard to perform well in their schoolwork. It is also important that our students behave in a respectful manner and are cooperating at home.

After several weeks of hard work and dedication, the student above is eligible to test for a new belt level.

If any student does not meet the qualifications either at home, at school, or here at Marietta Martial Arts, we will hold that student's promotion until there has been satisfactory improvement.

If you have any direct feedback beyond the scope of this form, please feel free to write it on a separate piece of paper or call me directly at (770) 321-1371. We appreciate your cooperation!

**Future Black Belt Behavior:** Please evaluate this student's performance in the following areas:

- |                            |                                    |                               |                                     |                               |
|----------------------------|------------------------------------|-------------------------------|-------------------------------------|-------------------------------|
| Respect & Manners:         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Borderline | <input type="checkbox"/> Poor |
| Focus & Concentration:     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Borderline | <input type="checkbox"/> Poor |
| Self-Discipline & Control: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Borderline | <input type="checkbox"/> Poor |
| Class work & Homework:     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Borderline | <input type="checkbox"/> Poor |

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ School Name \_\_\_\_\_

Should you like to attend the testing and meet fellow educators, we would like to take this opportunity to invite you! If you have any questions, please feel free to call us at (770) 321-1371.

Sincerely Yours,

Bill Wendell, 5<sup>th</sup> Dan  
School Director