



TECHNICAL EVALUATION FORM

The rank you hold shows your hard work and commitment. The purpose of this Technique Evaluation Form is to assist you and provide you with information on areas for improvement.

MEMBER'S NAME:		DATE OF BIRTH:	
SCHOOL NAME AND CITY:		MEMBER'S NO:	DATE:

EVALUATE: 50 - 100 (HIGH) & WRITTEN			
EYE FOCUS			
BALANCE			
POWER			
BODY MOVEMENT	UP-DOWN	AROUND	SIDE-TO-SIDE
TECHNIQUE COMPLETION			
STANCE	READY FRONT	HORSE	FIGHTING CRANE

KICKING TECHNIQUES

BREAKING TECHNIQUES

SELF-DEFENSE TECHNIQUES

FORM:	-----
<input type="checkbox"/> COMPLETE FORM:	-----
<input type="checkbox"/> COMPLETE	-----

OVERALL MEMBER EVALUATION	-----

EVALUATOR	NAME:	RANK:	DATE:
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