

NAME _____

HOME PRACTICE SHEET

MONTH OF _____

	1	2	3	4	5	6	7	8	9	10
KATA										
KICKS										
HANDS										
STANCES										
PUSHUPS										

Parents _____

Each day, list how many minutes you spend practicing in each category.

	11	12	13	14	15	16	17	18	19	20
KATA										
KICKS										
HANDS										
STANCES										
PUSHUPS										

Parents _____

Rank yourself on a scale of 1-10 how well you practiced.

	21	22	23	24	25	26	27	28	29	30	31
KATA											
KICKS											
HANDS											
STANCES											
PUSHUPS											

Parents _____

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Signature

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