

Activities other than Tae Kwon Do: _____

Hobbies: _____

Special Skills and Talents: _____


Personal Awards and Achievements: _____

Your most memorable time in Tae Kwon Do: _____

Tae Kwon Do Awards and Achievements: _____

Tae Kwon Do Special Events Attended: _____

Any suggestions for our school and/or staff? (Thank you) _____

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1. What is your short term (or long term) goal in Tae Kwon Do and the meaning this goal has for you?
 2. What class exercise do you enjoy the most in your Tae Kwon Do classes?
 3. What improvements have you made since beginning (or the last test)? (Answer physical and mental aspects)
 4. What do you need the most work on in your Tae Kwon Do practice?
 5. The highest compliment to us is referrals to your family and friends. Does anyone you know wish to try our Tae Kwon Do Class?

Name: _____ Telephone: _____

Address: _____

Questions for Parents/Guardians regarding their children

1. In what ways have you noticed improvements in you child?
2. In what ways would you like to see further improvements in your child?