

Grading Application

Student Name: _____

Grading for: _____

Please check which grading you will be attending: Thurs 4:30pm Fri 5:30pm Sat 10:30am
Thurs 6:30pm

Section A: To be filled out by student. (Check Yes or No)

	Yes	No
I show improvement in physical fitness.	<input type="checkbox"/>	<input type="checkbox"/>
I will have a witness attending grading.	<input type="checkbox"/>	<input type="checkbox"/>
I attend class regularly.	<input type="checkbox"/>	<input type="checkbox"/>
I have set goals for my next grading.	<input type="checkbox"/>	<input type="checkbox"/>
I strive to set an example for others.	<input type="checkbox"/>	<input type="checkbox"/>
I make healthy choices.	<input type="checkbox"/>	<input type="checkbox"/>
I have sponsored a new member.	<input type="checkbox"/>	<input type="checkbox"/>
My strengths: _____ _____		
Goals: _____ _____		

Section B: Regular Progress Report – fill out physical fitness markers to track your progress.

I can do _____ pushups.
I can do _____ leg raises.
I can hold a plank for _____.
I can do _____ punches in 30 seconds.
I can do _____ burpees in 30 seconds.
I can run 1km (10 & above) or 400 metres (9 & under) _____ in _____.
Weight _____. Body fat percentage _____. BMI _____. (Adults optional)