



North American Kyokushinkai Karate Organization

Promotion Form

Student Name: _____ Dojo: _____ Date: _____

Applying for Grade of: _____ Evaluator: _____

Rating Scale is based on the following: (5 = excellent skill, 1= requires substantial improvement)

Part I: Physical Condition (Run)

Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	Total Distance:
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Part II: Kihon (Basic Techniques)

Blocking	1	2	3	4	5	Kicking	1	2	3	4	5	Breathing	1	2	3	4	5
Focus	1	2	3	4	5	Attitude	1	2	3	4	5	Spirit	1	2	3	4	5
Stances	1	2	3	4	5	Hand Strikes	1	2	3	4	5	Stamina	1	2	3	4	5
Power	1	2	3	4	5	Flow	1	2	3	4	5	Balance	1	2	3	4	5

Part III: Kata (Formal Exercise)

Taikyoku Ichi	1	2	3	4	5	Pinan Yon	1	2	3	4	5
Taikyoku Ni	1	2	3	4	5	Pinan Go	1	2	3	4	5
Taikyoku San	1	2	3	4	5	Yanstu	1	2	3	4	5
Pinan Ichi	1	2	3	4	5	Geksai Dai	1	2	3	4	5
Pinan Ni	1	2	3	4	5	Tsuki No	1	2	3	4	5
Pinan San	1	2	3	4	5	Tenno Kata	1	2	3	4	5
Sanchin	1	2	3	4	5	Bo Kata	1	2	3	4	5

Part IV: Advanced Kata

Saifa	1	2	3	4	5	Garyu	1	2	3	4	5
Tensho	1	2	3	4	5	Kanku Dai	1	2	3	4	5
Seienchin	1	2	3	4	5	Sepai	1	2	3	4	5
Geksai Sho	1	2	3	4	5	Sushi Ho	1	2	3	4	5

Part V: Kumite

Variety	1	2	3	4	5	Breathing	1	2	3	4	5	Footwork	1	2	3	4	5
Timing	1	2	3	4	5	Stamina	1	2	3	4	5	Flow	1	2	3	4	5
Balance	1	2	3	4	5	Speed	1	2	3	4	5	Distancing	1	2	3	4	5
Targeting	1	2	3	4	5	Spirit	1	2	3	4	5	Control	1	2	3	4	5
Use of Kiai	1	2	3	4	5	Blocking	1	2	3	4	5	Punching	1	2	3	4	5

Part VI: Tameshiwari (Breaking Techniques)

Heal Stomp	Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Boards:
Hammer Fist	Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Boards:
Knife Hand	Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Boards:
Punch	Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Boards:
Kick	Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Boards:
Elbow	Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Boards:

Part VII: Physical Condition (Weight Lifting)

Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	Total Weight:
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Evaluators must attach a written evaluation directed to Kancho Giordano

Overall review/decision by evaluator: (Yes / No) - Signature: _____

Overall review/decision by Kancho: (Yes / No) - Signature: _____