PRACTICE LOG & MONTHLY GOALS

DATE:

STUDENT NAME:

MASTER'S SIGNATURE: _____

	USE THE KEY ON THE LEFT TO TRACK YOUR PRACTICE GOAL: PRACTICE AT LEAST 5 TIMES PER WEEK						
PRACTICE KEY	SUN	MON	TUE	WED	TH	FRI	SAT
P - POOMSAE							
K- KICKS			[]				
BH - BASIC HANDS							
S - STRETCHING			<u>_</u>	[]]	[]	
SC - STRENGTH & CONDITIONING							
R- HOME RULES/CREED	[]					[]	
C- CLASS DAY							ļ
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DEFORE TESTING WAIT AT LEAST 2							, .
BEFORE TESTING, WAIT AT LEAST 2	Lj	Lj	Lj	Lj	Lj	L	
MONTHS AND BE SURE YOU CAN							
CHECK OFF THE ITEMS BELOW:	FITNESS GOALS						
I KNOW MY POOMSAE	5 PUSH UPS 15 SECOND WALL SIT						
I KNOW MY KICK	10 PUSH UPS 30 SECOND WALL SIT						r ()
I KNOW MY BASIC HANDS	20	PUSH UF	rs 🔾	1 MIN	IUTE W	ALL SIT	\bigcirc
I KNOW MY CHILDREN'S HOME RULE/STUDENT CREED	10 SIT UPS PALMS TO FLOOR						\bigcirc
	20 SIT UPS			LEFT SPLIT			
ESOURCES FOR PRACTICE & BELT REQUIREMENTS CLUDING VIDEOS) CAN BE FOUND ON OUR WEBSITE: WWW.NEWTAMPATAEKWONDO.COM	40	SIT UPS		R	IGHT S	PLIT	\bigcirc
	WIDE STRETCH SPLIT						
RETURN TO MASTER TO FILL OUT BELOV	W:						
WHAT I DID WELL:							
GOALS FOR NEXT MONTH:							
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