



U.S. TAE KWON DO PRACTICE LOG

S	M	T	W	TH	F	S

MONTH OF PRACTICE: _____

STUDENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

GOAL: PRACTICE AT LEAST 5 TIMES A WEEK
(YOU CAN INCLUDE YOUR CLASS DAYS AS PRACTICE)

RETURN TO MASTER VAHID OR MASTER EDUARDO
WHEN 1 MONTH IS COMPLETE

USE THE KEY BELOW TO SHOW WHAT YOU PRACTICED
DON'T FORGET TO HAVE FUN!

P - POOMSAE

K - KICKS

BH - BASIC HANDS

S - STRETCHING

SC - STRENGTH & CONDITIONING

R - CHILDREN HOME RULES OR
STUDENT CREED

C - CLASS DAY