

EVALUATION FORM

Aikido Centers of New Jersey

(To be completed by authorized ACNJ Instructor when evaluating a student for rank advancement)

(as of 6/1/11)

Student's Name: _____

Rank sought: _____ Evaluation Date: _____

Dojo: _____ Classes attended since starting or last test _____

Seminars Attended 1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Does this student participate in dojo care-taking or other helpful activities? Yes No

	Needs work			Excellent		Comments
Appearance:	1	2	3	4	5	_____
Attitude:	1	2	3	4	5	_____
Etiquette:	1	2	3	4	5	_____
Preparation:	1	2	3	4	5	_____
Posture:	1	2	3	4	5	_____
Technical:	1	2	3	4	5	_____
Movement:	1	2	3	4	5	_____
Conditioning:	1	2	3	4	5	_____
Weapons:	1	2	3	4	5	_____
Disarming:	1	2	3	4	5	_____
Randori:	1	2	3	4	5	_____

Has the candidate assured you they meet all requirements for the rank sought? No Yes

Your Recommendations _____

ACNJ Instructor (please print your name)