

## ECHNICAL EVALUATION FORM

The rank you hold shows your hard work and commitment. The purpose of this Technique Evaluation Form is to assist you and provide you with information on areas for improvement.

HE STATE	ARTS	MEMBER'S NAME:			DATE	DATE OF BIRTH:	
5151		SCHOOL NAME AND CITY:		MEMB	ER'S NO:	DATE:	
EVALUATE: 50 - 100 (HIGH) & WRITTEN				KICKING TECHINQUES			
EYE FOCUS							
BALANCE							
POWER				BREAKING TECHINQUES			
BODY MOVEMENT	UP-DOWN	AROUND	SIDE-TO-SIDE				
TECHINQUE COMPLETION				SELF-DEF	FENSE TECH	INQUES	
STANCE	READY FRONT	HORSE FIGHT	TING CRANE				
FORM:		·	·				
COMPLETE FORM:		·	·				
COMPLETE							
OVERALL MEMBER EVALUATION							

RANK: NAME: **EVALUATOR** 

THE EDUCATIONAL MARTIAL ARTS SYSTEM, INC. 12285B World Trade Drive, San Diego, CA 92128 (858) 487-6406 ALL INFORMATION ON THIS SHEET IS PRIVATE TO TEMAS MEMBERS ONLY FORM TEMAS

DATE: