



American Traditional Jujitsu Association

Kyu and Dan Exam

Name: _____

Rank Testing For: _____

List #1		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	Wrist Grab	3	5	8	9	10	10		10	10	10	10	10	10	
Escapes	Pass	Fail	Comments					Pass	Fail	Comments					
	<input type="checkbox"/>	<input type="checkbox"/>						Outside #1	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	Outside #2	<input type="checkbox"/>	<input type="checkbox"/>	2-on-2 #2	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	Cross Wrist #1	<input type="checkbox"/>	<input type="checkbox"/>	Rear Wrist #1	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	Cross Wrist #2	<input type="checkbox"/>	<input type="checkbox"/>	Rear Wrist #2	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	2-on-1 #1	<input type="checkbox"/>	<input type="checkbox"/>	Other #1	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	2-on-1 #2	<input type="checkbox"/>	<input type="checkbox"/>	Other #2	<input type="checkbox"/>	<input type="checkbox"/>							

List #2		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	Clothing Grabs	0	2	4	6	6	6		6	6	6	6	6	6	
Escapes	Pass	Fail	Comments					Pass	Fail	Comments					
	<input type="checkbox"/>	<input type="checkbox"/>						Escape #1	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	Escape #2	<input type="checkbox"/>	<input type="checkbox"/>	Escape #5	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	Escape #3	<input type="checkbox"/>	<input type="checkbox"/>	Escape #6	<input type="checkbox"/>	<input type="checkbox"/>							

List #3		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	Joint Locks	0	1	3	6	6	10		10	16	16	16	16	16	
Escapes	Pass	Fail	Comments					Pass	Fail	Comments					
	<input type="checkbox"/>	<input type="checkbox"/>						Finger #1	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	Finger #2	<input type="checkbox"/>	<input type="checkbox"/>	Knee #2	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	Finger #3	<input type="checkbox"/>	<input type="checkbox"/>	Elbow #1	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	Neck #1	<input type="checkbox"/>	<input type="checkbox"/>	Elbow #2	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	Neck #2	<input type="checkbox"/>	<input type="checkbox"/>	Elbow #3	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	Wrist #1	<input type="checkbox"/>	<input type="checkbox"/>	Other #1	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	Wrist #2	<input type="checkbox"/>	<input type="checkbox"/>	Other #2	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	Wrist #3	<input type="checkbox"/>	<input type="checkbox"/>	Other #3	<input type="checkbox"/>	<input type="checkbox"/>							

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List #4		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D
	Choke Holds	1	2	3	5	6	6		8	12	12	12	12	12
	Pass	Fail	Comments					Pass	Fail	Comments				
	<input type="checkbox"/>	<input type="checkbox"/>	Front #1 _____					<input type="checkbox"/>	<input type="checkbox"/>	Naked #1 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Front #2 _____					<input type="checkbox"/>	<input type="checkbox"/>	Naked #2 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Front #3 _____					<input type="checkbox"/>	<input type="checkbox"/>	Naked #3 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Rear #1 _____					<input type="checkbox"/>	<input type="checkbox"/>	Other #1 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Rear #2 _____					<input type="checkbox"/>	<input type="checkbox"/>	Other #2 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Rear #3 _____					<input type="checkbox"/>	<input type="checkbox"/>	Other #3 _____				

List #5		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D
	Choke Holds	2	3	5	6	6	6		6	12	12	12	12	12
Escapes	Pass	Fail	Comments					Pass	Fail	Comments				
	<input type="checkbox"/>	<input type="checkbox"/>	Front #1 _____					<input type="checkbox"/>	<input type="checkbox"/>	Rear #1 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Front #2 _____					<input type="checkbox"/>	<input type="checkbox"/>	Rear #2 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Front #3 _____					<input type="checkbox"/>	<input type="checkbox"/>	Rear #3 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Front #4 _____					<input type="checkbox"/>	<input type="checkbox"/>	Rear #4 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Ground #1 _____					<input type="checkbox"/>	<input type="checkbox"/>	Other #1 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Ground #2 _____					<input type="checkbox"/>	<input type="checkbox"/>	Other #2 _____				

List #6		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D
	Headlock	0	1	2	3	3	3		3	3	3	3	3	3
Escapes	Pass	Fail	Comments					Pass	Fail	Comments				
	<input type="checkbox"/>	<input type="checkbox"/>	Escape #1 _____					<input type="checkbox"/>	<input type="checkbox"/>	Escape #3 _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Escape #2 _____											

List #7		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D
	Bear Hug	2	3	4	4	4	4		4	4	4	4	4	4
Escapes	Pass	Fail	Comments					Pass	Fail	Comments				
	<input type="checkbox"/>	<input type="checkbox"/>	Front Over Arms _____					<input type="checkbox"/>	<input type="checkbox"/>	Rear Over Arms _____				
	<input type="checkbox"/>	<input type="checkbox"/>	Front Under Arms _____					<input type="checkbox"/>	<input type="checkbox"/>	Rear Under Arms _____				

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List #8 Throws	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	0	1	3	6	9	11		12	16	20	20	20	20	
	Pass	Fail	Comments					Pass	Fail	Comments				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #1					<input type="checkbox"/>	<input type="checkbox"/>	Throw #11				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #2					<input type="checkbox"/>	<input type="checkbox"/>	Throw #12				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #3					<input type="checkbox"/>	<input type="checkbox"/>	Throw #13				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #4					<input type="checkbox"/>	<input type="checkbox"/>	Throw #14				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #5					<input type="checkbox"/>	<input type="checkbox"/>	Throw #15				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #6					<input type="checkbox"/>	<input type="checkbox"/>	Throw #16				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #7					<input type="checkbox"/>	<input type="checkbox"/>	Throw #17				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #8					<input type="checkbox"/>	<input type="checkbox"/>	Throw #18				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #9					<input type="checkbox"/>	<input type="checkbox"/>	Throw #19				
	<input type="checkbox"/>	<input type="checkbox"/>	Throw #10					<input type="checkbox"/>	<input type="checkbox"/>	Throw #20				

List #9 Counters to Throws	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	0	0	0	1	2	3		5	8	8	8	8	8	
	Pass	Fail	Comments					Pass	Fail	Comments				
	<input type="checkbox"/>	<input type="checkbox"/>	#1					<input type="checkbox"/>	<input type="checkbox"/>	#5				
	<input type="checkbox"/>	<input type="checkbox"/>	#2					<input type="checkbox"/>	<input type="checkbox"/>	#6				
	<input type="checkbox"/>	<input type="checkbox"/>	#3					<input type="checkbox"/>	<input type="checkbox"/>	#7				
	<input type="checkbox"/>	<input type="checkbox"/>	#4					<input type="checkbox"/>	<input type="checkbox"/>	#8				

List #10 Ground Control Holds	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	0	1	2	3	4	6		8	8	8	8	8	8	
	Pass	Fail	Comments					Pass	Fail	Comments				
	<input type="checkbox"/>	<input type="checkbox"/>	Hold #1					<input type="checkbox"/>	<input type="checkbox"/>	Hold #5				
	<input type="checkbox"/>	<input type="checkbox"/>	Hold #2					<input type="checkbox"/>	<input type="checkbox"/>	Hold #6				
	<input type="checkbox"/>	<input type="checkbox"/>	Hold #3					<input type="checkbox"/>	<input type="checkbox"/>	Hold #7				
	<input type="checkbox"/>	<input type="checkbox"/>	Hold #4					<input type="checkbox"/>	<input type="checkbox"/>	Hold #8				

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List #11		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	Strikes	2	4	6	10	12	14		15	20	20	20	20	20	20
	Pass	Fail	Comments					Pass	Fail	Comments					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #1					<input type="checkbox"/>	<input type="checkbox"/>	Strike #11					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #2					<input type="checkbox"/>	<input type="checkbox"/>	Strike #12					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #3					<input type="checkbox"/>	<input type="checkbox"/>	Strike #13					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #4					<input type="checkbox"/>	<input type="checkbox"/>	Strike #14					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #5					<input type="checkbox"/>	<input type="checkbox"/>	Strike #15					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #6					<input type="checkbox"/>	<input type="checkbox"/>	Strike #16					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #7					<input type="checkbox"/>	<input type="checkbox"/>	Strike #17					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #8					<input type="checkbox"/>	<input type="checkbox"/>	Strike #18					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #9					<input type="checkbox"/>	<input type="checkbox"/>	Strike #19					
	<input type="checkbox"/>	<input type="checkbox"/>	Strike #10					<input type="checkbox"/>	<input type="checkbox"/>	Strike #20					

List #12		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	Strike Defenses	1	3	5	7	11	15		15	18	18	18	18	18	
	Pass	Fail	Comments					Pass	Fail	Comments					
	<input type="checkbox"/>	<input type="checkbox"/>	Straight #1					<input type="checkbox"/>	<input type="checkbox"/>	Rt/Lt #2					
	<input type="checkbox"/>	<input type="checkbox"/>	Straight #2					<input type="checkbox"/>	<input type="checkbox"/>	Fr. Kick #1					
	<input type="checkbox"/>	<input type="checkbox"/>	Straight #3					<input type="checkbox"/>	<input type="checkbox"/>	Fr. Kick #2					
	<input type="checkbox"/>	<input type="checkbox"/>	Hook #1					<input type="checkbox"/>	<input type="checkbox"/>	Other Kick #1					
	<input type="checkbox"/>	<input type="checkbox"/>	Hook #2					<input type="checkbox"/>	<input type="checkbox"/>	Other Kick #2					
	<input type="checkbox"/>	<input type="checkbox"/>	Hook #3					<input type="checkbox"/>	<input type="checkbox"/>	Other #1					
	<input type="checkbox"/>	<input type="checkbox"/>	Jab #1					<input type="checkbox"/>	<input type="checkbox"/>	Other #2					
	<input type="checkbox"/>	<input type="checkbox"/>	Jab #2					<input type="checkbox"/>	<input type="checkbox"/>	Other #3					
	<input type="checkbox"/>	<input type="checkbox"/>	Rt/Lt #1					<input type="checkbox"/>	<input type="checkbox"/>	Other #4					

List #13		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	Internal Development	0	0	0	1	2	3		7	7	7	7	7	7	
	Pass	Fail	Comments					Pass	Fail	Comments					
	<input type="checkbox"/>	<input type="checkbox"/>	#1					<input type="checkbox"/>	<input type="checkbox"/>	#5					
	<input type="checkbox"/>	<input type="checkbox"/>	#2					<input type="checkbox"/>	<input type="checkbox"/>	#6					
	<input type="checkbox"/>	<input type="checkbox"/>	#3					<input type="checkbox"/>	<input type="checkbox"/>	#7					
	<input type="checkbox"/>	<input type="checkbox"/>	#4					<input type="checkbox"/>	<input type="checkbox"/>						

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List #14		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D		
	Instructor	3	5	7	9	13	19		25	30	30	30	30	30		
Directed	Pass	Fail	Comments					Pass	Fail	Comments						
	<input type="checkbox"/>	<input type="checkbox"/>	#1						<input type="checkbox"/>	<input type="checkbox"/>	#16					
	<input type="checkbox"/>	<input type="checkbox"/>	#2						<input type="checkbox"/>	<input type="checkbox"/>	#17					
	<input type="checkbox"/>	<input type="checkbox"/>	#3						<input type="checkbox"/>	<input type="checkbox"/>	#18					
	<input type="checkbox"/>	<input type="checkbox"/>	#4						<input type="checkbox"/>	<input type="checkbox"/>	#19					
	<input type="checkbox"/>	<input type="checkbox"/>	#5						<input type="checkbox"/>	<input type="checkbox"/>	#20					
	<input type="checkbox"/>	<input type="checkbox"/>	#6						<input type="checkbox"/>	<input type="checkbox"/>	#21					
	<input type="checkbox"/>	<input type="checkbox"/>	#7						<input type="checkbox"/>	<input type="checkbox"/>	#22					
	<input type="checkbox"/>	<input type="checkbox"/>	#8						<input type="checkbox"/>	<input type="checkbox"/>	#23					
	<input type="checkbox"/>	<input type="checkbox"/>	#9						<input type="checkbox"/>	<input type="checkbox"/>	#24					
	<input type="checkbox"/>	<input type="checkbox"/>	#10						<input type="checkbox"/>	<input type="checkbox"/>	#25					
	<input type="checkbox"/>	<input type="checkbox"/>	#11						<input type="checkbox"/>	<input type="checkbox"/>	#26					
	<input type="checkbox"/>	<input type="checkbox"/>	#12						<input type="checkbox"/>	<input type="checkbox"/>	#27					
	<input type="checkbox"/>	<input type="checkbox"/>	#13						<input type="checkbox"/>	<input type="checkbox"/>	#28					
	<input type="checkbox"/>	<input type="checkbox"/>	#14						<input type="checkbox"/>	<input type="checkbox"/>	#29					
	<input type="checkbox"/>	<input type="checkbox"/>	#15						<input type="checkbox"/>	<input type="checkbox"/>	#30					

List #15		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D		
	Kappo / First	0	0	0	0	0	0		1	5	5	5	5	5		
Aid	Pass	Fail	Comments					Pass	Fail	Comments						
	<input type="checkbox"/>	<input type="checkbox"/>	#1						<input type="checkbox"/>	<input type="checkbox"/>	#4					
	<input type="checkbox"/>	<input type="checkbox"/>	#2						<input type="checkbox"/>	<input type="checkbox"/>	#5					
	<input type="checkbox"/>	<input type="checkbox"/>	#3													

List #16		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D
	Kata	0	0	0	0	0	0		1	2	3	3	3	3
	Pass	Fail	Comments											
	<input type="checkbox"/>	<input type="checkbox"/>	#1											
	<input type="checkbox"/>	<input type="checkbox"/>	#2											
	<input type="checkbox"/>	<input type="checkbox"/>	#3											

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List #17	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D
	0	0	0	0	0	0		0	1	1	1	1	1
Teaching	Comments								2K	1K	1D	2D	3D
	_____ _____												

Pass	Fail

List #18	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	0	0	0	1	2	3		4	5	7	7	7	7	
Positional Defenses	Comments								Comments					
	_____ _____ _____ _____								_____ _____ _____					

Pass	Fail	
		#1
		#2
		#3
		#4

Pass	Fail	
		#5
		#6
		#7

List #19	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	0	0	0	1	2	3		3	3	3	3	3	3	
Multiple Attackers	Comments													
	_____ _____ _____													

Pass	Fail	
		#1
		#2
		#3

List #20	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	0	0	0	0	0	1		1	1	2	2	2	2	
Use of a Weapon	Comments													
	_____ _____													

Pass	Fail	
		#1
		#2

List #21	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	0	0	0	0	0	0		6	12	12	12	12	12	
Weapon Defenses	Comments								Comments					
	_____ _____ _____ _____ _____ _____								_____ _____ _____ _____ _____ _____					

Pass	Fail	
		Knife #1
		Knife #2
		Gun #1
		Gun #2
		Club #1
		Club #2

Pass	Fail	
		Other #1
		Other #2
		Other #3
		Other #4
		Other #5
		Other #6

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List #22		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D																										
	Combination Techniques	0	0	0	1	2	3		4	5	7	7	7	7																										
	Pass	Fail	Comments						Pass	Fail	Comments																													
	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____						<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____																													
	<input type="checkbox"/>	<input type="checkbox"/>							_____ _____ _____								<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____																					
	<input type="checkbox"/>	<input type="checkbox"/>															_____ _____								<input type="checkbox"/>	<input type="checkbox"/>	_____ _____													
	<input type="checkbox"/>	<input type="checkbox"/>																							_____								<input type="checkbox"/>	<input type="checkbox"/>	_____					

List #23		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D														
	Ground Escapes	0	0	1	2	3	4		4	5	5	5	5	5														
	Pass	Fail	Comments						Pass	Fail	Comments																	
	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____						<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____																	
	<input type="checkbox"/>	<input type="checkbox"/>							_____ _____								<input type="checkbox"/>	<input type="checkbox"/>	_____ _____									
	<input type="checkbox"/>	<input type="checkbox"/>															_____								<input type="checkbox"/>	<input type="checkbox"/>	_____	

List #24		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D
	Presentation	0	0	0	0	0	0		0	0	1	1	1	1
	Pass	Fail	Comments											
	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____											

List #25		6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D
	Anatomy	0	0	0	0	0	0		0	0	1	1	1	1
	Pass	Fail	Comments											
	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____											

American Traditional Jujitsu Association
Kyu and Dan Exam
Summary and Signature Page

Testee Name (Printed): _____

Testee Name (Signature): _____

Examiner #1 (Printed): _____

Examiner #1 (Signature): _____

Examiner #1 (Rank/Level): _____ / _____ Date: _____

Examiner #2 (Printed): _____

Examiner #2 (Signature): _____

Examiner #2 (Rank/Level): _____ / _____ Date: _____

Examiner #3 (Printed): _____

Examiner #3 (Signature): _____

Examiner #3 (Rank/Level): _____ / _____ Date: _____

Passing Score (80%)

6K	5K	4K	3K	2K	1K
9.6	22.4	39.2	61.6	79.2	100.8
1D	2D	3D	4D	5D	6D
126.4	167.2	176.8	176.8	176.8	176.8

Page	Score
1	
2	
3	
4	
5	
6	
7	
Test Total	
Passing score	

Pass/Fail: _____