



American Traditional Jujutsu Association

Jujutsu 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	Comments						Pass	Comments							
	Fail							Fail								
	<input type="checkbox"/>	Outside #1	_____						<input type="checkbox"/>	2-on-2 #1	_____					
	<input type="checkbox"/>	Outside #2	_____						<input type="checkbox"/>	2-on-2 #2	_____					
	<input type="checkbox"/>	Cross Wrist #1	_____						<input type="checkbox"/>	Rear Wrist #1	_____					
	<input type="checkbox"/>	Cross Wrist #2	_____						<input type="checkbox"/>	Rear Wrist #2	_____					
	<input type="checkbox"/>	2-on-1 #1	_____						<input type="checkbox"/>	Other #1	_____					
	<input type="checkbox"/>	2-on-1 #2	_____						<input type="checkbox"/>	Other #2	_____					

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	Comments						Pass	Comments							
	Fail							Fail								
	<input type="checkbox"/>	Escape #1	_____						<input type="checkbox"/>	Escape #4	_____					
	<input type="checkbox"/>	Escape #2	_____						<input type="checkbox"/>	Escape #5	_____					
<input type="checkbox"/>	Escape #3	_____						<input type="checkbox"/>	Escape #6	_____						

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	Comments						Pass	Comments							
	Fail							Fail								
	<input type="checkbox"/>	Finger #1	_____						<input type="checkbox"/>	Knee #1	_____					
	<input type="checkbox"/>	Finger #2	_____						<input type="checkbox"/>	Knee #2	_____					
	<input type="checkbox"/>	Finger #3	_____						<input type="checkbox"/>	Elbow #1	_____					
	<input type="checkbox"/>	Neck #1	_____						<input type="checkbox"/>	Elbow #2	_____					
	<input type="checkbox"/>	Neck #2	_____						<input type="checkbox"/>	Elbow #3	_____					
	<input type="checkbox"/>	Wrist #1	_____						<input type="checkbox"/>	Other #1	_____					
	<input type="checkbox"/>	Wrist #2	_____						<input type="checkbox"/>	Other #2	_____					
	<input type="checkbox"/>	Wrist #3	_____						<input type="checkbox"/>	Other #3	_____					

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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 Strikes	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	2	4	6	10	12	14		15	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 Strike Defenses	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	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 Internal Development	6K	5K	4K	3K	2K	1K		1D	2D	3D	4D	5D	6D	
	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											

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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	
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> Pass Fail <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div>													

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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Pass Fail <input type="checkbox"/> <input type="checkbox"/> #1 <input type="checkbox"/> <input type="checkbox"/> #2 <input type="checkbox"/> <input type="checkbox"/> #3 <input type="checkbox"/> <input type="checkbox"/> #4 </div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 45%;"> Pass Fail <input type="checkbox"/> <input type="checkbox"/> #5 <input type="checkbox"/> <input type="checkbox"/> #6 <input type="checkbox"/> <input type="checkbox"/> #7 </div> </div>													

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												
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> Pass Fail <input type="checkbox"/> <input type="checkbox"/> #1 <input type="checkbox"/> <input type="checkbox"/> #2 <input type="checkbox"/> <input type="checkbox"/> #3 </div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div>													

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												
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> Pass Fail <input type="checkbox"/> <input type="checkbox"/> #1 <input type="checkbox"/> <input type="checkbox"/> #2 </div> <div style="width: 85%; border-bottom: 1px solid black;"></div> </div>													

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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Pass Fail <input type="checkbox"/> <input type="checkbox"/> Knife #1 <input type="checkbox"/> <input type="checkbox"/> Knife #2 <input type="checkbox"/> <input type="checkbox"/> Gun #1 <input type="checkbox"/> <input type="checkbox"/> Gun #2 <input type="checkbox"/> <input type="checkbox"/> Club #1 <input type="checkbox"/> <input type="checkbox"/> Club #2 </div> <div style="width: 10%; border-bottom: 1px solid black;"></div> <div style="width: 45%;"> Pass Fail <input type="checkbox"/> <input type="checkbox"/> Other #1 <input type="checkbox"/> <input type="checkbox"/> Other #2 <input type="checkbox"/> <input type="checkbox"/> Other #3 <input type="checkbox"/> <input type="checkbox"/> Other #4 <input type="checkbox"/> <input type="checkbox"/> Other #5 <input type="checkbox"/> <input type="checkbox"/> Other #6 </div> </div>													

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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"/>	#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 _____											

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"/>	#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 #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"/>	_____											

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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: _____