



Couple 4 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof # _____

Compulsory Maneuvers: (Scoring 1 to 10)

1st Attempt

2nd Attempt

Side by side Loop Jumps	_____	_____
Waltz Lift	_____	_____
Side by Side Flip Jumps	_____	_____
Fwd Undercut Spiral or Side by side Arabesque	_____	_____
BO and BI 3 Turn Dance Step Sequence	_____	_____

Program (Time 2.0 Min)

Axel Lift or Pull Waltz Jump	_____
Flip Loop Jump or Loop Lift	_____
Sit Spins	_____
Pivot Spiral	_____
Cross Arm Lift	_____
Dance Step Sequence	_____

Scoring 1-10

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

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