



# Couple 5 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
Axel Lift or Pull Waltz Jump	_____	_____
Flip- Loop Jump or Loop Lift	_____	_____
Sit Spins	_____	_____
Pivot Spiral	_____	_____
Cross Arm Lift	_____	_____
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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_