



Couple 7 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

Split Jumps	_____	_____
Spilt Falling Leaf	_____	_____
Waltz Jump -1/2 Loop -Flip	_____	_____
Double Salchow	_____	_____
X Ft. or Layback or Sit C Sit	_____	_____
Spin Combination	_____	_____

Program (Time 2.5 Min)

Split Jump	_____
Split Falling Leaf	_____
Waltz Jump- 1/2 Loop-Flip	_____
Double Salchow	_____
X Ft. or Layback or Sit C Sit	_____
Spin Combination	_____

Scoring 1-10

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

