



Couple 9 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Test Date _____ Test Location _____

Judge Signature _____ Prof. # _____

COMPULSORY MANEUVERS:

(Scoring 1 to 10)

1st Attempt

2nd Attempt

Double Loop Jumps	_____	_____
Split Lutz Jumps	_____	_____
Flying Sit Spin or	_____	_____
Open Axel Sit Spin	_____	_____
1¼ Flip / 1¼ Flip / Dbl Salchow	_____	_____
Illusion or Camel Jump Camel	_____	_____
Dance Step Sequence	_____	_____

SOLO PROGRAM: Duration 3.5 min.

Double Loop Jumps	_____	_____
Split Lutz Jumps	_____	_____
Flying Sit Spin OR	_____	_____
Open Axel Sit Spin	_____	_____
1¼ Flip / 1¼ Flip / Dbl Salchow	_____	_____
Illusion or Camel Jump Camel	_____	_____
Dance Step Sequence	_____	_____

(Scoring 1-10)

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

TEST RESULT: **PASS** _____ **INCOMPLETE** _____

Notes:

