



Dance 4 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof # _____

Scoring (1-10)

	SWING DANCE	CHA CHA	FIESTA TANGO
Posture	_____	_____	_____
Position	_____	_____	_____
Pattern	_____	_____	_____
Correctness	_____	_____	_____
Interpretation	_____	_____	_____
Unison	_____	_____	_____
Timing	_____	_____	_____

Test Results: Pass _____ Incomplete _____

Notes

**ISI * 6000 Custer Road, Bldg 9 * Plano, Texas 75023
Phone (972) 735-8800 Fax (972) 735-8815**