



# Dance 7 Test Form

Skater Name \_\_\_\_\_ ISI # \_\_\_\_\_

Skater Age \_\_\_\_\_ Home Rink \_\_\_\_\_

Date Tested \_\_\_\_\_ Location \_\_\_\_\_

Judge's Signature \_\_\_\_\_ Prof. # \_\_\_\_\_

### Scoring (1-10)

	<b>ROCKER FOXTROT</b>	<b>AMERICAN WALTZ</b>	<b>TANGO</b>
Posture	_____	_____	_____
Position	_____	_____	_____
Pattern	_____	_____	_____
Correctness	_____	_____	_____
Interpretation	_____	_____	_____
Unison	_____	_____	_____
Timing	_____	_____	_____

**TEST RESULTS:**      **PASS** \_\_\_\_\_      **INCOMPLETE** \_\_\_\_\_

### Notes:

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