



Dance 9 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge Signature _____ Prof. # _____

Scoring (1-10)

**PASO
DOBLE**

**STARLIGHT
WALTZ**

QUICKSTEP

Posture _____

Position _____

Pattern _____

Correctness _____

Interpretation _____

Unison _____

Timing _____

TEST RESULTS: PASS _____ INCOMPLETE _____

Notes:

