



Figure 3 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof. # _____

Scoring (1-10)

	Backward Inside 8	RFO Three	LFO Three	RFI Three	LFI Three
Size of Circles	_____	_____	_____	_____	_____
Circle Shape	_____	_____	_____	_____	_____
Center	_____	_____	_____	_____	_____
Alignment of Circles	_____	_____	_____	_____	_____
Line Up of Turns	_____ <u>XXXX</u>	_____	_____	_____	_____
Cleanliness-Turns/Edges	_____	_____	_____	_____	_____
Facing of Turns	_____ <u>XXXX</u>	_____	_____	_____	_____
Shape of Turns	_____ <u>XXXX</u>	_____	_____	_____	_____
Form and Posture	_____	_____	_____	_____	_____
Flow	_____	_____	_____	_____	_____

TEST RESULTS: **PASS** _____ **INCOMPLETE** _____

Notes:

