



Figure 5 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof. # _____

Scoring (1-10)	RFO	LFO	Back	Back	Back	Back	RFI	LFI	RFI	LFI
	Change	Change	Out	In	Out	In	Change	Change	Bracket	Bracket
	Dbl 3	Dbl 3	Dbl 3	Dbl 3	Loop	Loop	3s	3s		

Size of Circles	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Circle Shape	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Center	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Alignment of Circles	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Line Up of Turns	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Cleanliness-Turns/Edges	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Facing of Turns	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Shape of Turns	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Form and Posture	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Flow	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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

Notes:

