



Figure 6 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof. # _____

Scoring (1-10)	RFO 1 Ft 8	LFO 1 Ft 8	RFO Bracket	LFO Bracket	RBO Change Dbl 3	LBO Change Dbl 3s	RFO Change Loop	LFO Change Loop
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Size of Circles _____

Circle Shape _____

Center _____

Alignment of Circles _____

Line Up of Turns XXXX XXXX _____

Cleanliness-Turns/Edges _____

Facing of Turns XXXX XXXX _____

Shape of Turns XXXX XXXX _____

Form and Posture _____

Flow _____

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

Notes:

