



Figure 7 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof. # _____

Scoring (1-10)

RFO Change Bracket	LFO Change Bracket	RFI Change Bracket	LFI Change Bracket	RFO Para 3	LFO Para 3	RFI Counter	LFI Counter	RFO Counter	LFO Counter
--------------------------	--------------------------	--------------------------	--------------------------	------------------	------------------	----------------	----------------	----------------	----------------

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:

