



Figure 8 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof. # _____

Scoring (1-10)	RFO/LFO Change Loop	RBO 1 Foot 8	LBO 1 Foot 8	RBO Para 3	LBO Para 3	RFO Rocker	LFO Rocker	RFI Rocker	LFI Rocker	RFO/LFO Para Dbl 3s
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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:
