



Figure 9 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof. # _____

Scoring (1-10)	RBO Para Dbl 3's	LBO Para Dbl 3's	RFO Para Loops	LFO Para Loops	RBO Para Loops	LBO Para Loops	RFO Para Bracket	LFO Para Bracket	RBO Para Bracket	LBO Para Bracket
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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:

