



# International Dance Test Form

Skater Name \_\_\_\_\_ ISI # \_\_\_\_\_

Skater Age \_\_\_\_\_ Home Rink \_\_\_\_\_

Date Tested \_\_\_\_\_ Location \_\_\_\_\_

Judge Signature \_\_\_\_\_ Prof. # \_\_\_\_\_

## **Scoring (1-10)**

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Posture	_____	_____	_____
Position	_____	_____	_____
Pattern	_____	_____	_____
Correctness	_____	_____	_____
Interpretation	_____	_____	_____
Unison	_____	_____	_____
Timing	_____	_____	_____

**TEST RESULTS:**      **PASS** \_\_\_\_\_      **INCOMPLETE** \_\_\_\_\_

## **Notes:**

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