



ISI Gold Pair Test Sheet

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Test Date _____ Test Location _____

Judge Signature _____ Prof. # _____

COMPULSORY MANEUVERS: See the *ISI Handbook* for maneuver descriptions

(Scoring 1 to 10)

1st Attempt

2nd Attempt

Choice Jump or Throw #1	_____	_____
Choice Jump or Throw #2	_____	_____
Choice Spin #1	_____	_____
Choice Spin #2	_____	_____
Spiral or Death Spiral	_____	_____
Choice Lift #1	_____	_____
Choice Lift #2	_____	_____
Dance Step Sequence	_____	_____

SOLO PROGRAM:

Choice Jump or Throw #1	_____
Choice Jump or Throw #2	_____
Choice Spin #1	_____
Choice Spin #2	_____
Spiral or Death Spiral	_____
Choice Lift #1	_____
Choice Lift #2	_____
Dance Step Sequence	_____

(Scoring 1-10)

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Position _____ Interpretation _____ Unison _____

Duration (3 min.) _____

TEST RESULT: **PASS** _____ **INCOMPLETE** _____

Notes: _____

