



# Silver 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 #1	_____	_____
Choice Jump #2	_____	_____
Choice Spin #1	_____	_____
Choice Spin #2	_____	_____
Spiral	_____	_____
Choice Lift #1	_____	_____
Choice Lift #2	_____	_____
Dance Step Sequence	_____	_____

**SOLO PROGRAM:**

Choice Jump #1	_____
Choice Jump #2	_____
Choice Spin #1	_____
Choice Spin #2	_____
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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_