



Pair 1 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof # _____

Compulsory Maneuvers: (Scoring 1 to 10)

	1st Attempt	2nd Attempt
Forward Crossovers	_____	_____
½ Flip Jumps	_____	_____
Circling Spin	_____	_____
Two Foot Spin	_____	_____
Forward Arabesque	_____	_____
Cross Arm Lift	_____	_____

Program (Time 1:30 Min)

Forward Crossovers	_____	_____
½ Flip Jumps	_____	_____
Circling Spin	_____	_____
Two Foot Spin	_____	_____
Forward Arabesque	_____	_____
Cross Arm Lift	_____	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

