Pair 4 Test Form

Skater Name_____ ISI #_____

Skater Age_____ Home Rink_____

Date Tested _____ Location _____

Judge's Signature _____Prof #_____

Comp Maneuvers: (Scoring 1 to 10) **1st Attempt** **2nd Attempt**

Waist Loop Lift _____ _____
Flip or Loop Jumps _____ _____
Throw Salchow or Loop Jump _____ _____
Change Foot Pair Spin _____ _____
Sit Spins _____ _____
Pivot and BO Spiral _____ _____
Dance Step Sequence _____ _____

Program (Time 2:30 Min)
Waist Loop Lift _____
Flip or Loop Jumps _____
Throw Salchow or Loop Jump _____
Change Foot Pair Spin _____
Sit Spins _____
Pivot and BO Spiral _____
Dance Step Sequence

Posture _____ Content_____ Correctness _____ Pattern _____

Rhythm _____ Duration_____ Interpretation_____Unison_____

Test Results: Pass _____ Incomplete _____

Notes _____
_____
_____
_____

***ISI ***
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