



# Figure 2 Test Form

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

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

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

Judge's Signature \_\_\_\_\_ Prof. # \_\_\_\_\_

### Scoring (1-10)

	<b>Backward Outside 8</b>	<b>RFO-I Serpentine</b>	<b>LFO-I Serpentine</b>	<b>Forward Outside 3 to Center</b>
Size of Circles	_____	_____	_____	_____
Circle Shape	_____	_____	_____	_____
Center	_____	_____	_____	_____
Alignment of Circles	_____	_____	_____	_____
Line Up of Turns	_____ <u>XXXX</u> _____	_____ <u>XXXX</u> _____	_____ <u>XXXX</u> _____	_____
Cleanliness-Turns/Edges	_____	_____	_____	_____
Facing of Turns	_____ <u>XXXX</u> _____	_____ <u>XXXX</u> _____	_____ <u>XXXX</u> _____	_____
Shape of Turns	_____ <u>XXXX</u> _____	_____ <u>XXXX</u> _____	_____ <u>XXXX</u> _____	_____
Form and Posture	_____	_____	_____	_____
Flow	_____	_____	_____	_____

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

### Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_