



Couple 1 Test Form

Skater Name _____ ISI # _____ Age _____

Gender _____ Home Rink _____ Phone _____

Email _____ Date Tested _____ Location _____

Judge's Signature _____ Prof # _____

Compulsory Maneuvers: (Scoring 1 to 10)

1st Attempt

2nd Attempt

Side by side 1/2 Flip Jumps	_____	_____
Swing Rolls	_____	_____
Shoot the Duck or Lunge	_____	_____
Side by side FI Pivots	_____	_____
Side by Side Two foot Spins	_____	_____
Side by Side Bunny Hops	_____	_____

Program (Time 1.5 Min)

Side by side 1/2 Flip Jumps	_____
Swing Rolls	_____
Shoot the Duck or Lunge	_____
Side by side FI Pivots	_____
Side by Side Two foot Spins	_____
Side by Side Bunny Hops	_____

Scoring 1-10

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

