



## Couple 2 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**

Forward Crossovers	_____	_____
Backward Crossovers	_____	_____
Arabesques	_____	_____
Side by side 1/2 Lutz Jumps	_____	_____
One foot Spins	_____	_____
Dance Step Sequence	_____	_____

### Program (Time 1.5 Min)

Forward Crossovers	_____
Backward Crossovers	_____
Arabesques	_____
Side by side 1/2 Lutz Jumps	_____
One foot Spins	_____
Dance Step Sequence	_____

### Scoring 1-10

Posture \_\_\_\_\_ Content \_\_\_\_\_ Correctness \_\_\_\_\_ Pattern \_\_\_\_\_

Rhythm \_\_\_\_\_ Duration \_\_\_\_\_ Interpretation \_\_\_\_\_ Unison \_\_\_\_\_

**Test Results:** Pass \_\_\_\_\_ Incomplete \_\_\_\_\_

**Notes** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_