



Couple 3 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 Waltz Jumps	_____	_____
Side by Side Salchow Jumps	_____	_____
Side by Side Change Foot Spins	_____	_____
Arabesques in Sequence	_____	_____
Side by side Toe Loop Jumps	_____	_____
Dance Step Sequence	_____	_____

Program (Time 1.5 Min)

Side by side Waltz Jumps	_____
Side by Side Salchow Jumps	_____
Side by Side Change Foot Spins	_____
Arabesques in Sequence	_____
Side by side Toe Loop Jumps	_____
Dance Step Sequence	_____

Scoring 1-10

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

