



Couple 5 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

Axel Lift or Pull Waltz Jump
Flip- Loop Jump or Loop Lift
Sit Spins
Pivot Spiral

Cross Arm Lift

Dance Step Sequence

Program (Time 2.0 Min)

Axel Lift or Pull Waltz Jump
Flip Loop Jump or Loop Lift
Sit Spins
Pivot Spiral
Cross Arm Lift
Dance Step Sequence

Scoring 1-10

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

