



Couple 6 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

Lutz Jump	_____	_____
Axel Jump	_____	_____
Camel Spin	_____	_____
Camel-Upright Spin	_____	_____
Fast Back Scratch Spin	_____	_____
Dance Step Sequence	_____	_____

Program (Time 2.0 Min)

Lutz Jump	_____
Axel Jump	_____
Camel Spin	_____
Camel-Uprights Spin	_____
Fast Back Scratch Spin	_____
Dance Step Sequence	_____

Scoring 1-10

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

