



## Couple 7 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

Split Jumps	_____	_____
Spilt Falling Leaf	_____	_____
Waltz Jump -1/2 Loop -Flip	_____	_____
Double Salchow	_____	_____
X Ft. or Layback or Sit C Sit	_____	_____
Spin Combination	_____	_____

### Program (Time 2.5 Min)

Split Jump	_____
Split Falling Leaf	_____
Waltz Jump- 1/2 Loop-Flip	_____
Double Salchow	_____
X Ft. or Layback or Sit C Sit	_____
Spin Combination	_____

### Scoring 1-10

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

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

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

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_