



Couple 8 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

Double Toe Loops Jump or Double Toe Walleys	_____	_____
Two Walleys in Sequence	_____	_____
Flying Camel Spins	_____	_____
One-Foot Axel into One-Quarter Flip	_____	_____
Jump in Opposite Direction	_____	_____
Dance Step Sequence	_____	_____

SOLO PROGRAM: Duration 3 min.

Double Toe Loops Jump or Double Toe Walleys	_____
Two Walleys in Sequence	_____
Flying Camel Spins	_____
One-Foot Axel into One-Quarter Flip	_____
Jump in Opposite Direction	_____
Dance Step Sequence	_____

(Scoring 1-10)

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

TEST RESULT: **PASS** _____ **INCOMPLETE** _____

Notes:

