



Couple 9 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 Loop Jumps

Split Lutz Jumps

Flying Sit Spin or

Open Axel Sit Spin

1¼ Flip / 1¼ Flip / Dbl Salchow

Illusion or Camel Jump Camel

Dance Step Sequence

SOLO PROGRAM:

Duration 3.5 min.

Double Loop Jumps

Split Lutz Jumps

Flying Sit Spin OR

Open Axel Sit Spin

1¼ Flip / 1¼ Flip / Dbl Salchow

Illusion or Camel Jump Camel

Dance Step Sequence

(Scoring 1-10)

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

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

Notes:

