



ISI Silver Pair Test Sheet

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Test Date _____ Test Location _____

Judge Signature _____ Prof. # _____

COMPULSORY MANEUVERS: See the *ISI Handbook* for maneuver descriptions

(Scoring 1 to 10)

1st Attempt

2nd Attempt

| | | |
|---------------------|-------|-------|
| Choice Jump #1 | _____ | _____ |
| Choice Jump #2 | _____ | _____ |
| Choice Spin #1 | _____ | _____ |
| Choice Spin #2 | _____ | _____ |
| Spiral | _____ | _____ |
| Choice Lift #1 | _____ | _____ |
| Choice Lift #2 | _____ | _____ |
| Dance Step Sequence | _____ | _____ |

SOLO PROGRAM:

| | |
|---------------------|-------|
| Choice Jump #1 | _____ |
| Choice Jump #2 | _____ |
| Choice Spin #1 | _____ |
| Choice Spin #2 | _____ |
| Spiral | _____ |
| Choice Lift #1 | _____ |
| Choice Lift #2 | _____ |
| Dance Step Sequence | _____ |

(Scoring 1-10)

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Position _____ Interpretation _____ Unison _____

Duration (3 min.) _____

TEST RESULT: PASS _____ INCOMPLETE _____

Notes: _____

