



ISI Synchronized Skating Test 1

Team Name _____ ISI # _____

Coach Name _____ Home Rink _____

Test Date _____ City / State / Zip _____

Judge Name _____ Prof. # _____

Test results should be registered with the ISI office on the Test Registration spreadsheet.

MANEUVERS:

Pass

Incomplete

Demonstration of Holds _____
a) Hand b) Shoulder c) Waist

Forward Skating Line _____

Forward Circle _____

Forward Two-Spoke Wheel _____

Forward Skating Block _____

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

Notes:

Ice Skating Institute * 6000 Custer Rd., Bldg. 9 * Plano, Texas 75023

Tel: 972 735 8800 Fax: 972 735 8815



ISI Synchronized Skating Test 2

Team Name _____ ISI # _____

Coach Name _____ Home Rink _____

Test Date _____ City / State / Zip _____

Judge Name _____ Prof. # _____

Test results should be registered with the ISI office on the Test Registration spreadsheet.

MANEUVERS:

Pass

Incomplete

Forward Intersection _____

Forward Skating Line to 2-Spoke Wheel _____

Forward 2-Spoke Wheel to Block _____

Forward Block to Circle _____

FORMATION COMPULSORY PROGRAM:

Forward Skating Line _____

Forward Circle _____

Forward 2-Spoke Wheel _____

Forward Skating Block _____

Forward Intersection _____

(Scoring 1-10 – minimum 5 to pass)

Maneuvers _____ Unison _____ Correctness _____ Rhythm _____

Transitions _____ Duration (1:45) _____ Team Presentation _____

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

Notes:



ISI Synchronized Skating Test 3

Team Name _____ ISI # _____

Coach Name _____ Home Rink _____

Test Date _____ City / State / Zip _____

Judge Name _____ Prof. # _____

Test results should be registered with the ISI office on the Test Registration spreadsheet.

MANEUVERS:

Pass

Incomplete

Line _____

Footwork Block _____

Circle _____

Wheel _____

Intersection _____

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

Notes:

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Tel: 972 735 8800 Fax: 972 735 8815



ISI Synchronized Skating Test 4

Team Name _____ ISI # _____

Coach Name _____ Home Rink _____

Test Date _____ City / State / Zip _____

Judge Name _____ Prof. # _____

Test results should be registered with the ISI office on the Test Registration spreadsheet.

MANEUVERS:

Pass

Incomplete

Line to Intersection _____

Intersection to Circle _____

Circle to Footwork Block _____

Footwork Block to Wheel _____

SKATING COMPULSORY PROGRAM:

Skating Line _____

Footwork Block _____

Circle _____

Wheel _____

Intersection _____

(Scoring 1-10 – minimum 5 to pass)

Maneuvers _____ Unison _____ Technical Merit _____ Presentation _____

Transitions _____ Rhythm _____ Duration (2.5 min.) _____

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

Notes:
