

**SENIOR SINGLES TEST**

Candidate: _____

Venue: _____

Date: _____

Number of Judges Required: Two (2)

Requirements: A program consisting of 7 (seven) required elements. The sequence of the elements is optional. The skater is to perform the following elements. The duration of the program is as defined in Rule 502 of the ISU regulations.

Element	Comments	Repeats	GOE
Axel Jump , Ladies: Double or Triple, Men: Double or Triple			
Solo Jump , Ladies: Double or Triple, Men: Triple or Quad			
Jump combination Ladies: Double-Double, Double-Triple or Two Triples Men: Double-Triple, Two Triples, Quad-Double/Triple			
Flying Spin , no change foot, no change position (min 8 revs)			
Ladies: Layback or Sideways Leaning Spin or Sit Spin or Camel Spin (no flying entry, min 8 revs no change of foot). Men: Sit or Camel Spin , (no flying entry, 1 change of foot, min 6 revs on each foot)			
Spin combination only 1 change of foot and at least 2 change of position (min 2 basic positions, no flying entry, min 6 revs on each foot)			
Step sequence fully utilizing the ice surface			
Program Components Comments			

The jump combination may consist of the same or another double or triple jump. However, the jumps included must be different from the solo jump.

One of the three jump elements must be a triple jump.

Repeats: A maximum of two repeats are permitted at the judge's discretion without music. The element(s) to be repeated must be from the elements already executed, either one element twice or two elements once each. No substitutions of elements are permitted from those already executed.

Pass Mark: The assessment will take into consideration the Grade of Execution of the elements and the program components in determining a Pass or Fail. The **program components** must be to a **proficient standard** for the level throughout the program.

A Pass cannot be awarded if more than one element has a GOE of -5 or more than two elements have a GOE of -3.

Test Result

Pass Fail

Judges Name: (please print) _____

State: _____

Judges Signature _____

Probationary Judge Assessment:
(Please tick appropriate box)

Poor

Fair

Good

Very Good

Excellent

Test Referees Signature: _____