



National Ice Skating Association of UK Level _____ – National Ice Dance Test, Free Dance

Please return completed sheet to Assessor who will forward it to the NISA Judges and Officials Director along with summary sheet. Please ensure sheet is FULLY completed in ALL sections

Rink Test Taken	Test No.	Date of Test
Name of Candidate		NISA Membership No.
Name of Partner		Partner's NISA Membership No.
Judge	Judge's NISA No.	Judge's Signature

Programme length _____ minute _____ seconds +/- 5 secs (Levels 9 and higher +/- 10 secs)

	Content/Comments	Mark
Technical Merit/ Required Elements	PROBATIONARY	
Presentation		
TOTAL MARK		
Test Outcome	<i>Pass</i>	<i>Retry</i>

Talent Indicators	Weak - Strong
<i>Timing</i>	1 2 3 4 5
<i>Ease of Movement</i>	1 2 3 4 5
<i>Edge Quality</i>	1 2 3 4 5
<i>Carriage</i>	1 2 3 4 5
<i>Rhythm</i>	1 2 3 4 5
<i>Fitness/Physique</i>	1 2 3 4 5
<i>Power/Speed</i>	1 2 3 4 5

Minimum Mark _____ Average Passing Mark = _____ , Passing Total = _____

National Ice Skating Association of UK Ltd., Grains Building, High Cross Street, Hockley, Nottingham, NG1 3AX
Tel: (0115) 9888 064 Fax: (0115) 9888 061 Email: testmembership@iceskating.org.uk



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Please write your comments below as if you were providing this to the candidate

Name of Candidate	Judge	Date of Test
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PROBATIONARY

Total Mark		Test Outcome	<i>Pass</i>	<i>Retry</i>
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Average Passing Mark = _____ , Passing Total = _____

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