

**TEST SUMMARY SHEET STARSkate REVISIONS – Concept testing ONLY\*\***



<b>Organization #:</b>	<input style="width:95%;" type="text"/>	<b>Organization Name</b>	<input style="width:95%;" type="text"/>			
<b>Address</b>	<input style="width:95%;" type="text"/>	<b>City</b>	<input style="width:95%;" type="text"/>		<b>Test Day #</b>	<b>Sheet #</b>
	<input style="width:95%;" type="text"/>		<b>Province</b>	<input style="width:20%;" type="text"/>		

  

<b>Official 1</b>	Skate Canada #	Name	<b>Test Chair</b>	Name		
<b>Official 2</b>	Skate Canada #	Name		Skate Canada #	Telephone #	
<b>Official 3</b>	Skate Canada #	Name		Email		
<b>Official 4</b>	Skate Canada #	Name		<b>Date of Test</b> <small>DD/MM/YY</small>		

Skate Canada #	Name	Home Club #	Home Club Name	Test Code
Mark 1	Mark 2	Mark 3	Authority to Test	Official's Initials
			<b>Pass</b> <input type="radio"/>	<b>Retry</b> <input type="radio"/>
			<b>Fee \$</b>	

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			<b>Fee \$</b>	

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Mark 1	Mark 2	Mark 3	Authority to Test	Official's Initials
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			<b>Fee \$</b>	

See page 2 for instructions.

**Test Day #** refers to the number of the test day held by the club during the year (starting in September).

**Sheet #** is the sequential numbering of sheets during a given test day.

Distribution – Original - Skate Canada National Office; Copies - Section Judges' Chair; Club Records

**Total For Sheet**

<b>\$</b>	<input style="width:95%;" type="text"/>
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# INSTRUCTIONS FOR USING TEST SUMMARY FOR COACH-ASSESSED TESTS - CONCEPT TESTING

**MAIL the Original copy within 3 weeks of the tests, complete with test fees to:**

**Skate Canada, 261-1200 St. Laurent Boulevard (Box 15), Ottawa, Ontario K1K**

**3B8**

MAIL a duplicate copy directly to your Section Judges Chair.

RETAIN a copy for your club records.

**Test Day #:**

Assign a number to each test day hosted by the club during the membership year, starting with 1 for the first test day held after September 1<sup>st</sup>, 2 for the second and so on.

**Sheet #:**

Assign sequential numbers for each test sheet used by any given Test Session.

Example: Test Day #:3 Sheet #:9

For the third test session held during the membership year and the 9th test sheet used for that session.

Ensure that each skater's Skate Canada Registration number, Home Club number, and Name is recorded exactly as it appears on the skater's Skate Canada Membership Card.

In the "Authority for Test" box, please list the name of the person responsible for submitting test (ie., coach's name, parent's name, etc.) Please check off (✓) the appropriate result for each test.

When corresponding with the National Office, please quote the name and number of the club holding the test day, date of the test, test day # and sheet #.

**Attach a completed Test Fee Summary Report (13-470-0089B) with each batch of Summary Sheets submitted to the Skate Canada National Office.**

Use the following standard abbreviations when recording Tests taken.

**Description**

**Fundamentals Tests**

Pre-Preliminary

Preliminary

Junior Bronze

**CODE**

PPF

PF

JBF

**Free Skating Tests**

Pre-Preliminary Freeskate

Preliminary Elements

Preliminary Program

Junior Bronze Elements

Junior Bronze Program

PPFS

PRE1

PRP2

JBE1

JBP2

**DANCE TESTS**

**Description**

**Preliminary Dance Test**

Pre-Preliminary Dance

Dutch Waltz

Canasta Tango

Baby Blues

Preliminary Dance Elements

**CODE**

PPD

DUT

CAN

BAB

PDE

**Junior Bronze Dance Test**

Swing Dance

Fiesta Tango

Willow Waltz

Junior Bronze Dance Elements

SWI

FIE

WIL

JBDE