



ISI Special Skater 3 Test

Test Date _____

Rink ISI # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

Facilities / Clubs / Schools – Check Here if patch **is not** to be sent!

MANEUVERS

PASS

INCOMPLETE

Scooter Pushes Left **or** Right _____

One Foot Glides Left **or** Right _____

Forward Swizzles _____

Backward Swizzles **or** Wiggles _____

Two-Foot Snowplow Stop _____

TEST RESULT:

PASS _____

INCOMPLETE _____

Examiner Signature _____ Prof. # _____

Comments:
