



# ISI Special Skater 4 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**

T-Position and Push \_\_\_\_\_

Introduction to Forward Stroking \_\_\_\_\_

One-Foot Swizzles – Left **or** Right \_\_\_\_\_

Forward Crossovers Standing Still  
(Right over Left **or** Left over Right) \_\_\_\_\_

**TEST RESULT:**

**PASS** \_\_\_\_\_

**INCOMPLETE** \_\_\_\_\_

Examiner Signature \_\_\_\_\_ Prof. # \_\_\_\_\_

**Comments:**

---

---

---

---

---