



ISI Special Skater 5 Test - Alpha

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

Forward Stroking _____

Forward Crossovers – Right over Left _____

Forward Crossovers – Left over Right _____

One-Foot Snowplow Stop _____

TEST RESULT:

PASS _____

INCOMPLETE _____

Examiner Signature _____ Prof. # _____

Comments:
