



## ISI Special Skater Introductory Test

Test Date \_\_\_\_\_

Rink ISI # \_\_\_\_\_ Rink Name \_\_\_\_\_

Name \_\_\_\_\_ ISI # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Skaters Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### MANEUVERS

### PASS

### INCOMPLETE

Standing (off-ice) for count of 5

\_\_\_\_\_

\_\_\_\_\_

Proper way to fall (off-ice)

\_\_\_\_\_

\_\_\_\_\_

Proper way to get up (off-ice)

\_\_\_\_\_

\_\_\_\_\_

Marching in place (off-ice)

\_\_\_\_\_

\_\_\_\_\_

Standing (on-ice) for count of 5

\_\_\_\_\_

\_\_\_\_\_

### TEST RESULT:

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

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

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

### Comments:

---

---

---

---

---