



ISI TOT TEST 3

EXAMINER'S REPORT FORM

Name of Skater

Birthdate

Date of Test

Address

MANEUVERS

	<u>Pass</u>	<u>Incomplete</u>
1. Push and Glide Stroking	_____	_____
2. Preparation for Snow Plow Stop	_____	_____
3. Dip	_____	_____
4. Forward Swizzle	_____	_____

Rink Name / Rink Number

Professional Name / Member Number

Professional Signature