



# Special Skater 5 Test Form

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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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