



Special Skater 7 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

Backward Stroking _____

Backward Crossovers – Right over Left _____

Backward Crossovers – Left over Right _____

T-Stop – Right **or** Left Foot _____

TEST RESULT:

PASS _____

INCOMPLETE _____

Examiner Signature _____ Prof. # _____

Comments:

**ISI * 6000 Custer Rd., Bldg. 9 * Plano, Texas 75023
Phone (972) 735-8800 * Fax (972) 735-8815**