



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:

