



ICE SKATING INSTITUTE ASIA (ISIAAsia)

Basic Level Test (Pre-Alpha to Delta)

ISIAAsia No. 22-S04425	Skater Name DE ROXAS, Anika	Birthdate	Coach Name LEONARDO ARANTON
Testing Venue (ISIAAsia admin rink) SM MALL OF ASIA - PHILIPPINES SM MALL OF ASIA - PHILIPPINES		Test Date APRIL 4, 2023	Examiner Name KIHYAN CHUA YAP

- Note: 1. Skater must pass each maneuver and at least 3 required postures with examiner signature for confirmation in order to pass the test.
 2. Test requirements for each maneuver/posture and testing standard please refer to current version of ISI Handbook.
 3. Put ✓ in the box provided for passing the maneuver or posture or put ✗ for not passing.
 4. Examiner can grade several levels in one test form if the tests are taken on the same day.
 5. Send a clear copy of a passed test form to members@isiasia.org for test registration.

	Required Maneuvers	Posture	Examiner Signature
Pre-Alpha	Two-Foot Glide One-Foot Glide - Right Foot One-Foot Glide - Left Foot Forward Swizzle Backward Wiggle Backward Swizzle	<input type="checkbox"/> (No posture is required) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
Alpha	Forward Stroking Right Forward Crossovers – Right Foot over Left Left Forward Crossovers – Left Foot over Right One-Foot Snowplow Stop	<input checked="" type="checkbox"/> Back Straight <input checked="" type="checkbox"/> Knees Bent <input checked="" type="checkbox"/> Free Leg Extended / Toe Pointed <input checked="" type="checkbox"/> Arm Position <input checked="" type="checkbox"/> Hand Position	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Beta	Backward Stroking Right Backward Crossovers – Right Foot over Left Left Backward Crossovers – Left Foot over Right T-Stop – Right Foot Outside Edge T-Stop – Left Foot Outside Edge	<input checked="" type="checkbox"/> Back Straight <input checked="" type="checkbox"/> Knees Bent <input checked="" type="checkbox"/> Free Leg Extended / Toe Pointed <input checked="" type="checkbox"/> Arm Position <input checked="" type="checkbox"/> Hand Position	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Gamma	Right Forward Outside 3-Turn (1 Foot Turn) Left Forward Outside 3-Turn (1 Foot Turn) Right Forward Inside Open Mohawk Combination Left Forward Inside Open Mohawk Combination Hockey Stop	<input checked="" type="checkbox"/> Back Straight <input checked="" type="checkbox"/> Knees Bent <input checked="" type="checkbox"/> Free Leg Extended / Toe Pointed <input checked="" type="checkbox"/> Arm Position <input checked="" type="checkbox"/> Hand Position	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Delta	Right Forward Inside 3-Turn (1 Foot Turn) Left Forward Inside 3-Turn (1 Foot Turn) Forward Outside Edges & Forward Inside Edges Forward/Backward Shoot-the-Duck <u>or</u> Forward Lunge Bunny Hop	<input type="checkbox"/> Back Straight <input type="checkbox"/> Knees Bent <input type="checkbox"/> Free Leg Extended / Toe Pointed <input type="checkbox"/> Arm Position <input type="checkbox"/> Hand Position	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments

PLEASE WORK ON SPEED. EDGES SHOULD BE LONGER.

www.isiasia.org

202005Basic



ICE SKATING INSTITUTE ASIA (ISIAAsia) TEMPORARY RECEIPT

This is to acknowledge receipt of test registration fee by home rink/skating club

Member Name _____

Test Level Pre-Alpha / Alpha / Beta / Gamma / Delta

Amount Receipt _____

Date _____

(ICE RINK / SKATING CLUB STAMP)