



National Ice Skating Association of UK Level ____ Field Moves Test

Please return completed test papers to the Judge Assessor who will forward them to the NISA Judges and Officials Director along with Assessment summary sheet. Please ensure that the judging section of the test paper and also the skater's comment sheets are FULLY completed

Rink Test Taken	Test Number	Date of Test
Name of Candidate		NISA Membership No.
Judge	Judge's NISA No.	Judge's Signature

	Exercise	Comments	Mark	Re-skate
Ex __				
Ex __				
Ex __				
Ex __				
TOTAL MARK				
TEST OUTCOME			PASS / RETRY	

Talent Indicators	Weak - Strong
<i>Fitness/Physique</i>	1 2 3 4 5
<i>Flexibility</i>	1 2 3 4 5
<i>Ease of Movement</i>	1 2 3 4 5
<i>Edge Quality</i>	1 2 3 4 5
<i>Power/Speed</i>	1 2 3 4 5
<i>Rhythm</i>	1 2 3 4 5

Average Passing Mark = _____, Passing Total = _____, Min Pass Mark (after re-skates) _____



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Please write your comments below as if you were providing this to the candidate

Name of Candidate	Judge	Date of Test
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PROBATIONARY

Total Mark		Test Outcome	<i>Pass</i>	<i>Retry</i>
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Average Passing Mark = _____, Passing Total = _____, Min Pass Mark (after re-skates) _____