



Hockey Skating 1 Test Form

Test Date _____

Rink ISI # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

MANEUVERS

Pass

Incomplete

Stationary Ready Position _____

Glide in Ready Position _____

Forward Swizzle _____

One Foot Glide _____

 Right _____

 Left _____

One Foot Inside Edge* (glide around cone) _____

*Either foot

Agility / Balance

Forward Squats _____

Two Foot Stationary Jump _____

Two Foot Moving Jump _____

TEST RESULT **PASS** _____ **INCOMPLETE** _____

Examiner Signature _____ Prof. # _____

Comments: _____

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