



Hockey Skating 2 Test Form

Test Date _____

ISI Rink # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

MANEUVERS

Pass

Incomplete

Circle Side Pumps

Clockwise

Counter clockwise

Control Stop

Right

Left

Control Turn

Right

Left

Agility / Balance

Two Foot Inside / Outside Edges

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