



Hockey Skating 3 Test Form

Test Date _____

ISI Rink # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

MANEUVERS

Pass

Incomplete

Straight Line One Foot Pushes

Right _____

Left _____

Forward Stride – Rhythm Skating _____

Forward Crossovers Around Circle _____

Right Over Left _____

Left Over Right _____

Agility / Balance

Two Knee Touch

Stationary _____

Moving _____

One Knee Touch – Forward

Right _____

Left _____

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

Examiner Signature _____ Prof. # _____

Comments: _____

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