



Hockey Skating 5 Test Form

Test Date_____

ISI Rink #_____ Rink Name_____

Name_____ ISI #_____

Address_____

City_____ State_____ Zip_____

Skaters Age_____ Male _____ Female_____

MANEUVERS

Pass

Incomplete

Backward Crossovers Around Circle

Right Over Left

Left Over Right

Backward Stop

Right

Left

360 Degree Control Turn

Right

Left

Backward Crossover Straight Back

Agility / Balance

Backward Two Foot Jump

Backward Two Knee Touch

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

Examiner Signature_____ Prof. #_____

Comments:_____

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