



## Hockey Skills / Passing & Shooting 5 Test Form

Test Date \_\_\_\_\_

ISI Rink # \_\_\_\_\_ Rink Name \_\_\_\_\_

Name \_\_\_\_\_ ISI # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Skaters Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**MANEUVERS**

**Pass**

**Incomplete**

Gaining Puck Possession

Taking Control of Opposition  
along Boards

\_\_\_\_\_

\_\_\_\_\_

Taking Control of Opposition  
While Moving

\_\_\_\_\_

\_\_\_\_\_

**TEST RESULT**    **PASS** \_\_\_\_\_ **INCOMPLETE** \_\_\_\_\_

Examiner Signature \_\_\_\_\_ Prof. # \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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