



## ISI Hockey Skating 1

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ice Skating Institute \* 6000 Custer Rd., Bldg. 9 \* Plano, Texas 75023**



## ISI Hockey Skating 2

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## ISI Hockey Skating 3

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ice Skating Institute \* 6000 Custer Rd., Bldg. 9 \* Plano, Texas 75023**



## ISI Hockey Skating 4

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

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

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

Address \_\_\_\_\_

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

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

### MANEUVERS

### Pass

### Incomplete

Backward Skating (C-Cuts) \_\_\_\_\_

Backward Glide \_\_\_\_\_

Forward to Backward Turn (Mohawk) \_\_\_\_\_

Backward to Forward Turn (Step Out) \_\_\_\_\_

### **Agility / Balance**

Stomach (Belly Touch) \_\_\_\_\_

Jump Over Stick \_\_\_\_\_

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

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

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

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## ISI Hockey Skating 5

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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