HOCKEY CANADA

Initiation Skills Evaluation Phase 3

INITIATION	Player																													
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Evaluation Item	Name 1 Name 2		Name		Na		Z	Name 5		Name 6		Name 7		Name 8			Naı		Nai		Name 12		Sa		Na		Nar			
1=weak, 10=strong	1	R	2	R	3	R	4	R	5	R	6	R	7	R	8	R	9	R	10	R	11	R	12	R	13	R	14	R	15	R
Turning and Crossovers																														_
C-cuts - around cirlce - outside foot	-		-		-		-		-		-		-		•		•		-		-		•		-		•		-	
2. Crossovers - forward	-		-				-		-				•		•		•						•		•		•		-	
Crossovers - three quick - left and right	-		-				-		-		-		-		-		-						-		-		-		-	
Backward one-foot stop and t- start	-		-		•		-		-		•		•		-		•		-		•		-		•		-		-	
Starting and Stopping																														
5 . Crossover start	-		-		-		-		-		-		•		•		•		-		-		•		•		•		Ŀ	
6. One-leg backward stop	-		-				-		-				•		-		•		-				-		•		-		-	
Stationary Puck Control																														
7. Toe drag - side and front	-		-		-		-		-		•		-		-		-		-		-		•		-		•		Ŀ	
8. Partner on knees - moving stick	-		-		-		ı		-		•		•		-		•		-		•		•		•		-		-	
9. Stick through legs	-		-		-		-		-		-		-		-		-		-		-		-		-		-		-	
10. Rotation	-		-				-		-				•		•		•						•		•		•		-	
11. Puck through legs from back	-		-		-		-		-				-		-		-				-		-		-		-		-	
Moving Puck Control																														
12. Open ice carry - forehand	-		-				-		-				•		-		•		-				-		•		-		-	
13. Open ice carry - backhand	-		-		-		-		-				-		-		-				-		-		-		-		-	
14. Stick through legs	-		-		-		-		-				-		-		-		-		-		-		-		-		-	
Stationary Passing and Receiving																														
15. Stationary forhand pass	-		•		-		·		-		•		•		•		•		-		-		١		•		٠		-	
16. Stationary backhand pass	-		•		-		ı		-		·		•		٠		•		-		-		٠		•		٠		•	
17. Stationary bank pass	-		-		-		-		-		-		•		-		-		-		-		-		-		-		-	
Moving Passing and Receiving			-				-				•			-										-						
18. Moving forehand pass			•		-		•		-		•		•		•		•		-		-		•		•		•		<u>[-</u>]	
19. Moving backhand pass	-		-		-		•		-		•		•		•		•		•		-		•		•		•		-	
AVERAGE SCORE																														
OVERALL RANK																														1
Tear	n Name: - Date of Evaluation:																													



Team Name: -	Date of Evaluation:	
Age Division: -	Coach: -	-

NOTE: EVALUATE PLAYERS AGAINST PLAYERS ON OWN TEAM