



Davis School District

General Financial Literacy Test Cover Sheet

**This document must be submitted to the CTE coordinator
at the end of testing each semester.**

Test Name: **General Financial Literacy Test #: 4501**

Instructor's Name: _____ Test Date: _____

School: _____ District: **DAVIS SCHOOL DISTRICT**

Students in course (total # of students in all your
GFL classes & ARFL Class for 2nd Semester): _____

Students tested: _____

Students who passed the *online test* at or above 80%:

Students who did not test: _____

*** Please attach the names of students who did not test **and** the reason for not testing.**

This test document will be kept on file by the teacher for two years.

Instructor's Signature: _____ Date: _____