

CTE Skill Certificate Program

Required Performance Skill Verification Document

This document must be submitted to the test coordinator at the end of testing each semester/year.

Test Name: _____ Test #: _____

Instructor's Name: _____ Test Date: _____

School: _____ District: _____

1. # Students in course: _____

2. # Students tested: _____

3. # Students who passed the *online test* at or above 80%: _____

4. # Students **in the course** who passed each *performance skill* at or above 80%: _____

5. # Students who earned a CTE skill certificate: _____

6. # Students who did not test: _____

* Please enter the names of students who did not test and the reason for not testing on the next page.

This performance skill verification document will be kept on file by the teacher for two years. (Check the documentation method used to verify that students passed each performance skill at or above 80%).

Class period summary score sheet
Recorded and identified in the class grade book

This is to verify that students passed each performance skill listed in the strands and standards for this course at or above the 80% level.

Instructor's Signature: _____ Date: _____



Test Name: _____ Test #: _____

Instructor's Name: _____ Test Date: _____

Students who were absent on the day of a scheduled test day should be given another opportunity to take the test. If the student still did not take the test, please include the information below for each student.

The number of students listed here needs to match number 6 on the previous page.

	Last Name	First Name	Reason Student did not Take Test
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