## **CTE Skill Certificate Program**

## **Required Performance Skill Verification Document**

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

Test Name:	Test #:
Instructor's Name:	Test Date:
School:	District:
	# Students in course:
	# Students tested:
# Students who	passed the <i>online test</i> at or above 80%:
# Students who passed each pe	erformance skill at or above 80%:
	# Students who earned a CTE skill certificate:
	# Students who did not test:
* Please enter the names of students	s who did not test and the reason for not testing on the next page.
·	document will be kept on file by the teacher for two years used to verify that students passed each performance skill at o
Class period summary s Recorded and identified	core sheet d in the class grade book
This is to verify that students pass standards for this course at or ab	sed each performance skill listed in the strands and ove the 80% level.
Instructor's Signature:	Date:



Instructor's Name: _		Test #:
Students who were absent on the day of a scheduled test day should be given another opportunity to take the test within the semester the test was given. If the student still did not take the test, please include the information below for each student.		
Last Name	First Name	Reason Student did not Take Test
	- Institution	