CTE Skill Certificate Program

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: _____

Period: _____   1- # Students in course: _____

2- # Students tested: _____

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

4) Students from line 2 who passed each **performance skill** at or above 80%: _____
   (Performance skills are completed in class. This **# cannot be larger than line 2**.)

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

6) # Students who did not test: _____

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

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: _____

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