

CTE Skill Certificate Program

Performance Objectives 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 *online test* at or above 80%: _____

Students who passed each *performance objective* at or above 80%: _____

Students who earned a skill certificate: _____

Students who did not test: _____

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

This performance objectives 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 objective at or above 80%).

Recorded and identified in the class grade book

This is to verify that students passed each performance objective listed in the strands and standards for this course at or above the 80% (moderately to highly skilled) level.

Instructor's Signature: _____ Date: _____

