

CTE Skill Certificate Test Performance Documentation

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

Instructor's Name: _____ Course: DA: Dental Science I
School: _____ Test Number: 720
Students in course: _____ Date: _____
Students tested: _____
Students who passed performance objectives at or above 80%: _____

This is to verify that the students marked **YES** on performance accomplished the following performance objectives at or above the 80% (moderately to highly skilled) level.

1. Demonstrate proper use of PPE and correct handwashing technique. (4.03)
2. Obtain Hepatitis B vaccination or provide signed declination form. (5.02)
3. Perform sterilization procedures. (5.05)
4. Perform disinfection procedures (5.06)
5. Instruct a patient in preventive education and oral hygiene instruction. (8.04)
6. Prepare a patient record. (9.07)
7. Obtain current CPR certification. (10.04)

Each performance is documented and kept on file by the teacher for two years.
(Check the documentation method used)

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

Instructor's Signature: _____ Date: _____