

**UTAH CTE SKILL CERTIFICATION
SUMMARY SCORE SHEET
MEDICAL TERMINOLOGY – TEST # 704**

The performance evaluation **is a required component of the skill certification process**. Each student must be evaluated on the required performance objectives.

Performance objectives may be completed and evaluated anytime during the course.

- Students should be aware of their progress throughout the course, so that they can concentrate on the objectives that need improvement.
- When a performance objective has been achieved, “**Y**” (**Y=YES**) is recorded on the Summary Score Sheet. If a performance objective is **not** achieved a then “**N**” (**N=NO**) is recorded on the Summary Score Sheet for that objective.
- All performance objectives **MUST** be completed and evaluated **prior to the written test**.
- The teacher will bubble in “**A**” on the answer sheet for item **#81** for students who have achieved “**Y**” on **ALL performance objectives**.
- The teacher will bubble in “**B**” on the answer sheet for item **#81** for students who have **ONE or more "N's"** on the performance objectives.
- The signed Summary Score Sheet(s) **MUST** be kept in the teachers' files for two years.
- A copy is also kept on file with the school's CTE skill certification testing coordinator for two years.

Students who achieve **ALL** performance objectives and 80% or better on the written test will automatically be issued a CTE skill certificate.

OBJECTIVES **THE REQUIRED PERFORMANCE OBJECTIVES FOR MEDICAL TERMINOLOGY ARE:**

- | | |
|------|--|
| 1.06 | Students will interpret and extract information from realistic medical documents. |
| 1.07 | Students will use medical reference books to find information about medical terms. |
| 1.08 | Students will apply medical terminology to a real-life setting. |

**MEDICAL TERMINOLOGY – TEST # 704
PERFORMANCE EVALUATION SUMMARY SCORE SHEET**

I verify that this is an accurate record of the student performance objectives. **Teacher's Signature** _____

School _____ **Teacher's Name (print)** _____ **Date** _____ **Period** _____

Copies of this sheet must be kept on file at the school for TWO years, by the teacher, and the school CTE testing coordinator.

Indicate student achievement on each required performance objective.

The objective on this score sheet corresponds to the objective listed on the MAP Performance Evaluation Requirements.

Mark each objective with a Y or N as indicated below.

"Y" (YES) = met the performance objective.

"N" (NO) = did NOT meet the performance objective.

Student Names (Last Name, First Name)	1.06	1.07	1.08	Test 704 Mark # 81 "A" – All Yes "B" – 1 or more No's
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