

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: MA: Medical Terminology

School: _____ Test Number: 710

Students in course: _____ Date: _____

Students tested: _____

Students who passed performance objectives at or above 80%: _____

No performance is required.

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

Instructor's Signature: _____ Date: _____