

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: Digital File Preparation
(QuarkXPress)

School: _____ Test Number: 569

Students in course: _____ Date: _____

Students tested: _____

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

No performance is required.

You must mark the performance **YES** on performance for the students to receive a certificate even though there is not a required performance for this course.

Instructor's Signature: _____ Date: _____