Skill Verification DocumentationCTE Skill Certificate Program

A separate packet MUST be submitted for each class.

Packets missing information, not signed, or submitted counter to directions will not be considered.

Test Name:	Health Science Capstone		Test #: 971
Instructor's Name:		Test Date:	Class period:
School:		District:	
# Students in co	urse: # St	udents tested:	# Students passed:
To verify results for this test, the following must be included:			
1. Required Skill Verification Documentation Sheet			
2. Copy of the YouScience Skill Certificate Industry Test Report			
3. Roster of students with scores above 80+			
4. Copy of rubric for each student with one of the documenation options listed on rubric. (alphabetized)			
Please remember, a separate packet MUST be submitted for each class.			
Documentation must be reviewed by CTE Director.			
I verify that the attached information includes the required information for the specific course above.			
CTE Director's Signature:			Date:



Learning that works for Utah