## **Skill Verification Documentation**CTE 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:	Cisco CCNA Semester		Test #: 985
Instructor's Name:		Test Date:	Class period:
School:		District:	
# Students in co	urse:	# Students 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. Certification generated from Cisco (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:

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