

# 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

Test #: 986

Instructor's Name:

Test Date:

Class period:

School:

District:

# Students in course:

# 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:

