## **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:  | Avid Certifi | ed User: Pro Tools | Test #: 9991       |
|---|--------------|--------------------|--------------------|
| 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. Copy of Certificate (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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