CAMPUS: Pearsall High School

PROGRAM: _____

Instructions: *List each student in your specific program and specify their ID # and Grade. In addition, please specify a code for each test (P = student previously passed test, R = student needs to retest, W = student has been waived by committee from retesting, E = student is exempt from test, N/A = student is not yet scheduled to test). If "P" or "W" is selected, please specify the date the student either passed the test or the date the student last tested. If a student is Waived or Exempt, please make sure you document in your meeting notes/minutes the reasoning.* ***TURN IN TO CTC TWO WEEKS BEFORE TESTING.***

Last Name, First Name	ID #	Grade	ELA I		ELA II		Algebra I		Biology		US History	
			Code	Date	Code	Date	Code	Date	Code	Date	Code	Date

I certify that I have completed the assessment information above based on the proper documentation and meeting notes/minutes from the program referenced above.

Signature: **Printed Name & Title:** **Date:**