

FOR PROCTOR USE ONLY

NATIONAL FCCLA ONLINE TESTING VERIFICATION FORM

FCCLA Chapter Name: _____

FCCLA Chapter ID Number: _____ State: _____

Proctor Name and Title: _____

By signing this document you verify that:

- I personally observed the student throughout the entire testing process
- I did not provide assistance beyond reading the question to the student
- I did not allow resources, besides a pencil, blank paper, and a calculator (Consumer Math Challenge or Culinary Math Challenge) to be used to complete the test
- Students completed their own work and did not talk to or receive assistance from anyone other than the proctor during testing
- Only students registered to compete in the Skill Demonstration Event took part in the testing

Signature: _____

Date: _____

Skill Demonstration Event Name and Category

STUDENT NAME	EVENT	CATEGORY (JR, SR, OCC)

Submit this form no later than Monday, October 30, via email to competitiveevents@fclclainc.org or by fax to 703-439-2662. Questions? Contact Christine Hollingsworth, Senior Competitive Events Manager, at 703-716-1301.