



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 unpermitted resources
- 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 competitive event took part in the testing
- All members of a team took the test at the same time

Proctor Signature: _____

Date: _____

Competitive Event Name and Category

STUDENT NAME	EVENT	LEVEL (1, 2 ,3, or 4)

[Click here](https://wkf.ms/46YIVys) upload this form by the [deadline](https://wkf.ms/46YIVys) (https://wkf.ms/46YIVys)