



OREGON ADULT BASIC SKILLS WIOA TITLE II ADULT EDUCATION AND LITERACY GRANT

OREGON ASSESSMENT SIGNATURE PAGE

Return your signed form to HECC.absteam@HECC.oregon.gov (Note: You do NOT need to send a copy of your certificate).

I, _____, have read and understand the following document: Oregon ABS Policy Manual, Sections 6.1 and 6.5, and completed the following training:

CASAS eTest Proctor Certification Date: _____

CASAS Paper Proctor Certification Date: _____

CASAS Remote Proctor Certification Date: _____

CASAS eTest Coordinator Certification Date: _____

CASAS Refresher Training (every 3 years; see training.casas.org for options by modality and role) Date: _____

BEST Plus 2.0 Initial Certification (provided by State Trainer) Date: _____

BEST Plus 2.0 Annual Refresher Training (at local level) Date: _____

Signature

Title

College/Institution

ABS Director Name and Signature

Date