

# SKILLED TRADES BC PRACTICAL ASSESSMENT RESULT REPORT

Please complete this form and email it to **SkilledTradesBC** within **15 days of class end-date**. Incomplete forms will be returned and delay the process. The completed form should be emailed to [examrequest@skilledtradesbc.ca](mailto:examrequest@skilledtradesbc.ca)

## GENERAL INFORMATION

|                            |               |   |  |                                     |  |
|----------------------------|---------------|---|--|-------------------------------------|--|
| <b>Session ID:</b>         |               | <b>Training Provider Name &amp; Location:</b> |  | <b>Instructor Name:</b>             |  |
| <b>Trade Program Name:</b> | <b>Level:</b> | <b>Assessment Date (MM/DD/YYYY):</b>          |  | <b>Class End Date (MM/DD/YYYY):</b> |  |

| PRACTICAL ASSESSMENT RESULTS |   |                                      |                                  |                       |
|------------------------------|---|--------------------------------------|----------------------------------|-----------------------|
|                              | Candidate's<br>SkilledTradesBC Individual<br>ID # | Candidate First Name<br>(Given Name) | Candidate Last Name<br>(Surname) | Result<br>(Pass/Fail) |
| 1                            |   |                                      |                                  |                       |
| 2                            |   |                                      |                                  |                       |
| 3                            |   |                                      |                                  |                       |
| 4                            |   |                                      |                                  |                       |
| 5                            |   |                                      |                                  |                       |
| 6                            |   |                                      |                                  |                       |
| 7                            |   |                                      |                                  |                       |
| 8                            |   |                                      |                                  |                       |
| 9                            |   |                                      |                                  |                       |
| 10                           |   |                                      |                                  |                       |
| 11                           |   |                                      |                                  |                       |
| 12                           |   |                                      |                                  |                       |
| 13                           |   |                                      |                                  |                       |
| 14                           |   |                                      |                                  |                       |
| 15                           |   |                                      |                                  |                       |
| 16                           |   |                                      |                                  |                       |
| 17                           |   |                                      |                                  |                       |
| 18                           |   |                                      |                                  |                       |
| 19                           |   |                                      |                                  |                       |
| 20                           |   |                                      |                                  |                       |

|                          |                               |                           |
|--------------------------|-------------------------------|---------------------------|
| <b>Name of Assessor:</b> | <b>Signature of Assessor:</b> | <b>Date (MM/DD/YYYY):</b> |
|--------------------------|-------------------------------|---------------------------|