GFSTC
SKILL SHEET REVIEW WORKSHEET

Monitor Name	GFSTC ID # or SS#	Approved Site Location	LEVEL TESTED	DATE

Candidate Number	Candidate ID # or SS#	Candidate Name	STATION(S)	P/F	COMMENTS (Walk-ons, Redo, Withdrew, Skills only, etc.)
26			1 2 3 4 5 6		
27			1 2 3 4 5 6		
28			1 2 3 4 5 6		
29			1 2 3 4 5 6		
30			1 2 3 4 5 6		
31			1 2 3 4 5 6		
32			1 2 3 4 5 6		
33			1 2 3 4 5 6		
34			1 2 3 4 5 6		
35			1 2 3 4 5 6		
36			1 2 3 4 5 6		
37			1 2 3 4 5 6		
38			1 2 3 4 5 6		
39			1 2 3 4 5 6		
40			1 2 3 4 5 6		
41			1 2 3 4 5 6		
42			1 2 3 4 5 6		
43			1 2 3 4 5 6		
44			1 2 3 4 5 6		
45			1 2 3 4 5 6		
46			1 2 3 4 5 6		
47			1 2 3 4 5 6		
48			1 2 3 4 5 6		
49			1 2 3 4 5 6		
50			1 2 3 4 5 6		

LEGEND

O = CANDIDATE @ STATION	O= @ REDO STATION	P = PASS	W = WALK-ON	W/D = WITHDREW
O= COMPLETED STATION	O = PASSED REDO @ STATION	F = FAIL	R = REDO	S/O = SKILLS ONLY
O = REDO @ STATION	1234 = FAILED REDO @ STATION			

By signing below, I have read and understand the responsibilities/ guidelines that have been set by GFSTC for evaluators during skill testing.

Evaluator Name	Contact Number	GFSTC ID or SSN	Evaluator Signature

COMMENTS: _____

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The skills testing event was conducted by following the policies and procedures set by GFSTC.

_____   _____

  Test Monitor/Lead Evaluator (Print Name)   Test Monitor/Lead Evaluator Signature

  Attach Pre-requisite Form, Candidate Station Worksheets and Evaluator/Monitor Responsibilities sign in sheet to this form.