

FACS Testing Documentation Form

School Year _____

Teacher _____
 School District _____
 School Campus _____
 Registration Dates _____
 Testing Dates _____

Course Title _____
 Course Code _____
 Grade Level _____
 Class Period _____

*Proficient equals 70% or higher score on EOC competency test.

Student Name	Triand #	Username	Password	EOC		Course	Reason for No EOC Score / Final Grade
				Test Score	*Prof. ✓	Final Grade	
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