



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

PY25-26 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 Test Proctor Certification Date: _____

CASAS Remote Proctor Certification Date: _____

CASAS eTest Coordinator Certification Date: _____

CASAS Refresher Training Date: _____

***Required in Oregon every 3 years; see training.casas.org for options by modality and role. Choose one option by role per role fulfilled.**

BEST Plus 3.0 Initial Certification Date: _____
(provided by CAL or State Trainer)*

***Note: BEST Plus Annual Refresher Training must be conducted annually at the local level.**

Name: _____ Date: _____

Signature: _____

Title: _____

College/Institution: _____

ABS Director Name: _____ Date: _____

ABS Director Signature: _____