



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
(Print Name)

document: **Oregon ABS Policy Manual, Sections 6.1 and 6.5**, and completed the following training:

- | | |
|---|---------------------------|
| Module 1 - CASAS Implementation Basics | Date of Certificate _____ |
| Module 2 - CASAS eTest Implementation | Date of Certificate _____ |
| Module 3 - Paper Test Implementation | Date of Certificate _____ |
| CASAS Remote Testing Proctor | Date of Certificate _____ |
| BEST Plus 2.0 Administrator Training | Date of Class _____ |

Signature

Title

College/Institute

ABS Program Director / Signature

Date Signed

Work Email of staff that Completed Training