

Manitoba Education and Training
Special Language Credit Option:

Examiner's Report Form

Name of Student _____

Name of School _____

Date of Examination _____

Language Examined _____

Grade Level Tested/Challenged ASL 10G ASL 20G ASL 30S ASL 40S

Student Marks—please complete.

ASL Communicative Skills:

Final Mark _____ percent

Examiner's Recommendation:

I recommend that the student be awarded the following credits for American Sign Language (ASL) based on the student's performance. (Note: Check all boxes that apply including retroactive credits to be awarded.) Specific feedback regarding how the student can improve his/her skills is attached

10G

20G

30S

40S

Name of Examiner _____

Address _____

Postal Code _____

Telephone _____ Fax _____

Email _____

Examiner's Signature _____

Date Report Prepared _____