

# PACE Test Report

School/Provider Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date: DD / MM / YYYY

*Please complete the chart for the above student.*

<b>Mathematics</b>	Course	PACE #s	Score	<b>English</b>	Course	PACE #s	Score	
<b>Social Studies</b>	Course	PACE #s	Score	<b>Science</b>	Course	PACE #s	Score	
<b>Bible</b>	Course	PACE #s	Score	<b>Electives</b>	Course	PACE #s	Score	

**OFFICE USE ONLY**

PACEs randomly checked?

PACE #s*	Correct (✓) Incorrect (x)	Comments	SCEE Notified		School Notified	
			Date	Name	Date	Name
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

*\*Include Subject Abbreviation - ie Geometry 1109 = G1109, Social Studies 1109 = SS1109, English 1109 = E1109, English Composition II 13 = ECII13*

