



**National Council on Technical and Vocational  
Education and Training**

Gordon Town Rd., P.O. Box 179, Kingston 6, Jamaica W.I. Telephone: (876) 977-1700-5

**ASSESSMENT RECORD FOR CUSTOMIZED CERTIFICATION**

Name of Organization: \_\_\_\_\_

Name of Programme: \_\_\_\_\_

Start Date of Training: \_\_\_\_\_ End Date of Training: \_\_\_\_\_

Final Assessment Date: \_\_\_\_\_

NQS Submission #: \_\_\_\_\_ Budget Line Item #: \_\_\_\_\_  
*(Where applicable)* *(Where applicable)*

Applicant Name	Final Assessment Practical		Final Assessment Theory	
	Score (%)	Rating	Score (%)	Rating

Applicant Name	Final Assessment Practical Rating		Final Assessment Theory Rating	
	Score (%)	Rating	Score (%)	Rating

**Comments**

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*Programme Co-ordinator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Verifier/Assessor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Examinations Officer*

\_\_\_\_\_  
*Date*

**Rating Conversion Scale:**

Score (%)	Rating
75-100	5
60-74	4
45-59	3
30-44	2
Below 30	1