

**Certification of Mastery of Course Code Descriptions/Curriculum Framework Outcomes  
 Grades 6 - 12, Calhoun County, Florida**

**SCHOOL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**FIRST SEMESTER**

**SECOND SEMESTER**

Period	Course Code No.	Course Title (CCD)	Number of Students In Class	Number of Students That Met CFO	Number of Students That Failed to Meet CFO	*Outcomes Met By
First						
Second						
Third						
Fourth						
Fifth						
Sixth						
Seventh						

I certify that I taught the above course(s) and that all students in these courses that are to be awarded credit have met 70% or more of the curriculum frameworks outcomes/course code descriptions:

\_\_\_\_\_  
 Teacher

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Principal

\_\_\_\_\_  
 Date

\* Outcomes met by:

1) teacher observation, 2) classroom assignments, and/or 3) examinations

Audit backup materials are the responsibility of each school center.