



# ITA PRACTICAL ASSESSMENT RESULT REPORT

ITA Customer Service  
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*Please complete this form and email it to ITA within 15 days of class end-date. Incomplete forms will be returned and delay the process. The completed form should be emailed to examrequest@itabc.ca*

## A. General Information

<b>Session ID:</b>		<b>Training Provider Name &amp; Location:</b>		<b>Instructor Name:</b>	
<b>Trade Program Name:</b>	<b>Level:</b>	<b>Assessment Date (MM/DD/YYYY):</b>		<b>Class End Date (MM/DD/YYYY):</b>	

PRACTICAL ASSESSMENT RESULTS				
	Candidate's ITA Individual ID #	Candidate First Name (Given Name)	Candidate Last Name (Surname)	Result (Pass/Fail)
1				
2				
3				
4				
5				
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<b>Name of Assessor:</b>	<b>Signature of Assessor:</b>	<b>Date (MM/DD/YYYY):</b>
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