

**AMERICAN INSTITUTE OF CONSTRUCTORS  
CONSTRUCTOR CERTIFICATION COMMISSION DOCUMENT NO. 34**

**WRITING SKILLS SCORING SUBMISSION FORM**

Revision History:  
10/25/2012



**American Institute of Constructors Constructor Certification Commission  
WRITING ASSIGNMENT GRADE SUBMISSION FORM**

**INSTRUCTIONS:** *This form will be processed by computer, so please print carefully and avoid contact with the edges of the boxes. See sample provided. In the boxes below, please provide your name and phone number.*

A	B	C	D	E	F	1	2	3	4	5	6
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Grader Name (last name then first name)

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Grader Phone Number

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**Complete the CPC Level I Writing Assignment Grading Sheet to determine Business Letter Total Grade then transfer the grade next to ID Number by checking the boxes provided below. The maximum score allowed is 7 points.**

	Candidate ID Number		Business Letter Total Score		Candidate ID Number		Business Letter Total Score
1.	<input type="text"/>		<input type="checkbox"/>		16.	<input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/>		<input type="checkbox"/>		17.	<input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/>		<input type="checkbox"/>		18.	<input type="text"/>	<input type="checkbox"/>
4.	<input type="text"/>		<input type="checkbox"/>		19.	<input type="text"/>	<input type="checkbox"/>
5.	<input type="text"/>		<input type="checkbox"/>		20.	<input type="text"/>	<input type="checkbox"/>
6.	<input type="text"/>		<input type="checkbox"/>		21.	<input type="text"/>	<input type="checkbox"/>
7.	<input type="text"/>		<input type="checkbox"/>		22.	<input type="text"/>	<input type="checkbox"/>
8.	<input type="text"/>		<input type="checkbox"/>		23.	<input type="text"/>	<input type="checkbox"/>
9.	<input type="text"/>		<input type="checkbox"/>		24.	<input type="text"/>	<input type="checkbox"/>
10.	<input type="text"/>		<input type="checkbox"/>		25.	<input type="text"/>	<input type="checkbox"/>
11.	<input type="text"/>		<input type="checkbox"/>		26.	<input type="text"/>	<input type="checkbox"/>
12.	<input type="text"/>		<input type="checkbox"/>		27.	<input type="text"/>	<input type="checkbox"/>
13.	<input type="text"/>		<input type="checkbox"/>		28.	<input type="text"/>	<input type="checkbox"/>
14.	<input type="text"/>		<input type="checkbox"/>		29.	<input type="text"/>	<input type="checkbox"/>
15.	<input type="text"/>		<input type="checkbox"/>		30.	<input type="text"/>	<input type="checkbox"/>

**PLEASE FAX THIS FORM TO (212) 356 - 0696.**

