

## Internal assessment record form: language A1

Submit to: **see below** Arrival date: **see below** Session: .....

School number: 

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School name: .....

- Write legibly using black ink and retain a copy of this form.
- Complete one copy of this form for each candidate.
- Ensure that the appropriate teacher(s) sign and date the form when entering achievement levels.
- Do not send forms (with the exception of those accompanying samples) to IB Cardiff unless instructed to do so. Retain the remaining forms until after the publication of results.
- Select samples as directed by IBIS. Include the corresponding copies of the extract and guiding questions for each candidate in the sample.

Subject: \_\_\_\_\_ A1 LEVEL: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Candidate session number: 

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### Part 2: works studied (4 at higher level, 2 at standard level)

Tick/check (✓) the particular work on which the candidate's individual oral commentary is based.

	Work	Author
1	_____	<input type="checkbox"/>
2	_____	<input type="checkbox"/>
3	_____	<input type="checkbox"/>
4	_____	<input type="checkbox"/>

### Part 4: works studied (4 at higher level, 3 at standard level)

Tick/check (✓) the particular work(s) on which the candidate's individual oral presentation is based.

	Work	Author
1	_____	<input type="checkbox"/>
2	_____	<input type="checkbox"/>
3	_____	<input type="checkbox"/>
4	(World literature) _____	<input type="checkbox"/>

**Candidate declaration:** I confirm that this work is my own work and is the final version. I have acknowledged each use of the words or ideas of another person, whether written, oral or visual.

Candidate's signature: .....

**Teacher declaration:** To the best of my knowledge, the material submitted is the authentic work of the candidate.

Signature of teacher: ..... Date: .....

School name: .....

Subject: \_\_\_\_\_ A1 Level: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Candidate session number: 

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<b>Teacher's comments</b>	<b>Individual oral presentation</b>												
<p>Teacher's name.....</p> <p>Signature.....</p> <p>Date.....</p>	<table style="margin: auto;"> <tr> <td style="padding: 5px;"><b>A</b></td> <td style="padding: 5px;"><b>B</b></td> <td style="padding: 5px;"><b>C</b></td> <td style="padding: 5px;"><b>D</b></td> </tr> <tr> <td style="padding: 5px;"><b>0-5</b></td> <td style="padding: 5px;"><b>0-10</b></td> <td style="padding: 5px;"><b>0-10</b></td> <td style="padding: 5px;"><b>0-5</b></td> </tr> <tr> <td style="padding: 5px;"><input style="width: 40px; height: 30px;" type="text"/></td> <td style="padding: 5px;"><input style="width: 40px; height: 30px;" type="text"/></td> <td style="padding: 5px;"><input style="width: 40px; height: 30px;" type="text"/></td> <td style="padding: 5px;"><input style="width: 40px; height: 30px;" type="text"/></td> </tr> </table>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>0-5</b>	<b>0-10</b>	<b>0-10</b>	<b>0-5</b>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>
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