



**C A R I B B E A N E X A M I N A T I O N S C O U N C I L**

**CARIBBEAN SECONDARY EDUCATION CERTIFICATE®  
MODERATION OF SCHOOL-BASED ASSESSMENT**

**ENGLISH A**

Name of Centre: \_\_\_\_\_

Centre Code: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Number in Class: \_\_\_\_\_

Year of Examination: \_\_\_\_\_

**For CXC use only**  
Teacher ID No.: \_\_\_\_\_

	REGISTRATION NUMBER	CANDIDATE'S NAME	ASSESSOR	PLAN OF INVESTIGATION	PARTICIPATION MEASURE	QUALITY OF GROUP ACTIVITY	WRITTEN REPORT	REFLECTION	ORAL PRESENTATION	TOTAL SCORE PROFILE 2
				5	5	10	10	5	10	45
1			Teacher							
			Moderator							
2			Teacher							
			Moderator							
3			Teacher							
			Moderator							
4			Teacher							
			Moderator							
5			Teacher							
			Moderator							

Moderator's Initials: \_\_\_\_\_

Chief/Assistant Examiner's Initials: \_\_\_\_\_

Examiner's Initials: \_\_\_\_\_

Date: \_\_\_\_\_