



CARIBBEAN EXAMINATIONS COUNCIL

CARIBBEAN SECONDARY EDUCATION CERTIFICATE®

EXTERNAL MODERATOR'S REPORT

CHEMISTRY

(This record is confidential and must be kept secure.)

For Use By
External
Moderator

FOR USE IN 2021 ONLY

NAME OF CENTRE: _____

CENTRE NO.: _____

NUMBER OF CANDIDATES IN TEACHING GROUP: _____

CLASS TEACHER'S NAME: _____

CLASS TEACHER'S SIGNATURE: _____ DATE: _____

EXTERNAL MODERATOR'S NAME: _____

EXTERNAL MODERATOR'S SIGNATURE: _____ DATE: _____

PRINCIPAL'S NAME: _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

EXTERNAL MODERATOR'S REPORT

(Please place a tick (✓) in the appropriate boxes and write your comments in Section 3.)

<p>1. PROVISION OF EQUIPMENT AND MATERIALS</p> <p>(a) Equipment and materials provided for students were</p> <p>Adequate <input type="checkbox"/></p> <p>Inadequate <input type="checkbox"/></p> <p>(b) Space provided for individual work by each student was</p> <p>Adequate <input type="checkbox"/></p> <p>Inadequate <input type="checkbox"/></p> <p>2. CLASS TEACHER'S ASSESSMENT</p> <p>(a) Students had adequate and appropriate guidance from the teacher</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(b) Students' work was assessed in accordance with the guidelines provided in the CXC syllabus</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(c) Teacher's assessment was</p> <p>Satisfactory <input type="checkbox"/></p> <p>Too lenient <input type="checkbox"/></p> <p>Too severe <input type="checkbox"/></p> <p>Inconsistent <input type="checkbox"/></p>	<p>3. EXTERNAL MODERATOR'S COMMENTS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">Year 2</th> <th style="width:50%; text-align: center;">Comment/Irregularity</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> ≥ 8 laboratory exercises completed <input type="checkbox"/> ≥ 8 laboratory exercises marked <input type="checkbox"/> 5-7 laboratory exercises completed <input type="checkbox"/> 5-7 laboratory exercises marked <input type="checkbox"/> 3-4 laboratory exercises completed <input type="checkbox"/> 3-4 laboratory exercises marked <input type="checkbox"/> < 2 laboratory exercises completed <input type="checkbox"/> < 2 laboratory exercises marked </td> <td style="vertical-align: top; height: 200px;"></td> </tr> </tbody> </table>	Year 2	Comment/Irregularity	<input type="checkbox"/> ≥ 8 laboratory exercises completed <input type="checkbox"/> ≥ 8 laboratory exercises marked <input type="checkbox"/> 5-7 laboratory exercises completed <input type="checkbox"/> 5-7 laboratory exercises marked <input type="checkbox"/> 3-4 laboratory exercises completed <input type="checkbox"/> 3-4 laboratory exercises marked <input type="checkbox"/> < 2 laboratory exercises completed <input type="checkbox"/> < 2 laboratory exercises marked	
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To be sent to the Local registrar for submission to CXC