

Internal assessment record form: language A1

Submit to: **See below** Arrival date: **See below** Session:

School number:

0	0				
---	---	--	--	--	--

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:

0	0						
---	---	--	--	--	--	--	--

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: Date:

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:

0	0								
---	---	--	--	--	--	--	--	--	--

Teacher's comments	Individual oral presentation															
Teacher's name..... Signature..... Date.....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left; padding-right: 10px;">Teacher</td> <td style="text-align: center; padding-right: 10px;">A 0-5 <input type="text"/></td> <td style="text-align: center; padding-right: 10px;">B 0-10 <input type="text"/></td> <td style="text-align: center; padding-right: 10px;">C 0-10 <input type="text"/></td> <td style="text-align: center;">D 0-5 <input type="text"/></td> </tr> </table>	Teacher	A 0-5 <input type="text"/>	B 0-10 <input type="text"/>	C 0-10 <input type="text"/>	D 0-5 <input type="text"/>										
Teacher	A 0-5 <input type="text"/>	B 0-10 <input type="text"/>	C 0-10 <input type="text"/>	D 0-5 <input type="text"/>												
Teacher's comments	Individual oral commentary															
Teacher's name..... Signature..... Date.....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left; padding-right: 10px;">Teacher</td> <td style="text-align: center; padding-right: 10px;">A 0-5 <input type="text"/></td> <td style="text-align: center; padding-right: 10px;">B 0-10 <input type="text"/></td> <td style="text-align: center; padding-right: 10px;">C 0-10 <input type="text"/></td> <td style="text-align: center;">D 0-5 <input type="text"/></td> </tr> <tr> <td style="text-align: left; padding-right: 10px;">Moderator</td> <td style="text-align: center; padding-right: 10px;">A 0-5 <input type="text"/></td> <td style="text-align: center; padding-right: 10px;">B 0-10 <input type="text"/></td> <td style="text-align: center; padding-right: 10px;">C 0-10 <input type="text"/></td> <td style="text-align: center;">D 0-5 <input type="text"/></td> </tr> <tr> <td style="text-align: left; padding-right: 10px;">Senior moderator</td> <td style="text-align: center; padding-right: 10px;">A 0-5 <input type="text"/></td> <td style="text-align: center; padding-right: 10px;">B 0-10 <input type="text"/></td> <td style="text-align: center; padding-right: 10px;">C 0-10 <input type="text"/></td> <td style="text-align: center;">D 0-5 <input type="text"/></td> </tr> </table>	Teacher	A 0-5 <input type="text"/>	B 0-10 <input type="text"/>	C 0-10 <input type="text"/>	D 0-5 <input type="text"/>	Moderator	A 0-5 <input type="text"/>	B 0-10 <input type="text"/>	C 0-10 <input type="text"/>	D 0-5 <input type="text"/>	Senior moderator	A 0-5 <input type="text"/>	B 0-10 <input type="text"/>	C 0-10 <input type="text"/>	D 0-5 <input type="text"/>
Teacher	A 0-5 <input type="text"/>	B 0-10 <input type="text"/>	C 0-10 <input type="text"/>	D 0-5 <input type="text"/>												
Moderator	A 0-5 <input type="text"/>	B 0-10 <input type="text"/>	C 0-10 <input type="text"/>	D 0-5 <input type="text"/>												
Senior moderator	A 0-5 <input type="text"/>	B 0-10 <input type="text"/>	C 0-10 <input type="text"/>	D 0-5 <input type="text"/>												