

Internal assessment record form: Language *ab initio*Submit to: **See below**Arrival date: **See below**

Session:

School number:

0	0				
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School name:

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- Write legibly in black ink.
 - Complete one copy of this form for each candidate.
 - Do not send this form to IB Cardiff or to the moderator unless instructed to do so. Retain the forms until after the publication of results.
 - Ensure that the appropriate individual(s) sign and date the form when entering the final achievement levels and total.

Subject: _____ A2/B/*ab initio**

Level: HL/SL*

*Circle as appropriate**

Candidate name:

Candidate session number:

0	0						
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Teacher's name:

Date:

Signature:

International Baccalaureate

2/RFAI (reverse)

School name:

Subject: _____

Level: _____

Candidate name: _____

Candidate session number: _____

0	0								
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	Date	Interactive oral activities	Based on text/topic/theme	Additional comments & teacher's name	Assessment				
1	Month/Year			Teacher: _____	A	B	C		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Month/Year			Teacher: _____	A	B	C		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Month/Year			Teacher: _____	A	B	C		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IA score	*	Month/Year	Selected interactive oral activity (from one of the above)	Teacher: _____	A	B	C	Total	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	*	Month/Year	Individual oral (recorded)	Visual stimulus: General conversation:	Teacher: _____	A	B	C	Total
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
=	Final Assessment	Comments:			Total interactive oral + Total individual oral+ 2 =			Total	
								<input type="checkbox"/>	