



TEST CODE: 05145020

FRM/EDPD/446

CARIBBEAN EXAMINATIONS COUNCIL
CARIBBEAN CERTIFICATE OF SECONDARY LEVEL COMPETENCE
MODERATION OF SCHOOL BASED ASSESSMENT

SPANISH

NAME OF CENTRE: _____

CENTRE CODE: _____

NAME OF TEACHER: _____

NUMBER IN CLASS: _____

YEAR OF EXAMINATION: _____

TERRITORY: _____

For CXC use only
Teacher ID No.:

	REGISTRATION NUMBER	CANDIDATE'S NAME	ASSESSOR	MODULE ____	MODULE ____
1			Teacher		
			Advisor		
2			Teacher		
			Advisor		
3			Teacher		
			Advisor		
4			Teacher		
			Advisor		
			Advisor		

ADVISOR'S INITIALS: _____