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

NAME OF CENTRE: ____________________________________________
CENTRE CODE: _________________________
NAME OF TEACHER: ____________________________________________
NUMBER IN CLASS: _________________
YEAR OF EXAMINATION: ____________
TERRITORY: _________________________

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<th>ASSESSOR</th>
<th>MODULE ___</th>
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ADVISOR’S INITIALS: _________________________

For CXC use only
Teacher ID No.:

Revised April 2015
V002