



CARIBBEAN EXAMINATIONS COUNCIL
CARIBBEAN SECONDARY EDUCATION CERTIFICATE®

MODERATION OF SCHOOL-BASED ASSESSMENT

BIOLOGY

NAME OF CENTRE: _____

CENTRE CODE: _____

NAME OF TEACHER: _____

NUMBER OF CANDIDATES IN CENTRE: _____

TERRITORY: _____

YEAR OF EXAMINATION: _____

For CXC use only
Teacher I.D. No.: _____

	Registration Number	Candidate's Name	ASSESSOR	PRACTICAL SKILLS					PROFILE TOTAL		OVERALL TOTAL
				Obs./Rec./ Rep.	Draw.	Manip./ Meas.	Plan./ Design.	Analysis & Interpr.	P2 (20)	P3 (70)	90
				P3 (20)	P3 (10)	P3 (20)	P3 (20)	P2 (20)			
1.			Teacher								
			Moderator								
2.			Teacher								
			Moderator								
3.			Teacher								
			Moderator								
4.			Teacher								
			Moderator								
5.			Teacher								
			Moderator								

MODERATOR'S INITIALS: _____

CHIEF/ASSISTANT EXAMINER'S INITIALS: _____

EXAMINER'S INITIALS: _____

DATE: _____