



CARIBBEAN EXAMINATIONS COUNCIL
CARIBBEAN SECONDARY EDUCATION CERTIFICATE®

MECHANICAL ENGINEERING TECHNOLOGY

SCHOOL-BASED ASSESSMENT PLAN SHEET

This Record is to be returned to reach CXC by April 30 in the year of the examination.

NAME PLAN DATE TEACHER'S SIGNATURE OF APPROVAL.....

TERRITORY SCHOOL.....

TITLE OF PROJECT PROFICIENCY TECHNICAL

In the space below make a pictorial sketch of the project.

To be completed by Teacher

√	ACTIVITY

√	ACTIVITY

√	ACTIVITY

Candidate's Name:

Teacher's Signature of Approval:

Date:

On this sheet make an orthographic drawing, sketch or a development of this project.

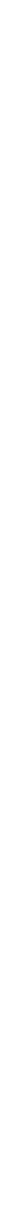
Indicate all necessary dimensions and information.

Candidate's Name:

Teacher's Signature of Approval:

Date:

Below make a detailed statement of the procedure to be followed in making this project. Steps are to be numbered in the order in which they are to be performed. Indicate all cutting speeds, taper setovers, etc., to be used. List the tools and the materials to be used in each step in the column to the right.



Candidate's Name:

Teacher's Signature of Approval:

Date:

List below the materials which will be required to complete the project.

No. of Pieces	Name of Part	Size T-W-L	Material	Total Unit Measure	Unit Price	Cost

Estimated length of time to complete (in hours) _____

Where did you get the idea? _____

Date project started _____ Date completed _____ Hours _____

Candidate's Signature: