



FRM/EDPD/183

CARIBBEAN EXAMINATIONS COUNCIL

**CARIBBEAN SECONDARY EDUCATION CERTIFICATE®
EXAMINATION**

SCHOOL-BASED ASSESSMENT IN VISUAL ARTS

YEAR OF EXAMINATION: _____

NAME OF CANDIDATE: _____

REGISTRATION
NUMBER:

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GENERAL PROFICIENCY LEVEL

NAME OF EXPRESSIVE FORM: _____

TITLE/DESCRIPTION: _____

PIECE NUMBER :

3

MARKS AWARDED

CR	D/C	O	TOTAL

MARKS

- HIGHEST
- UPPER MID MARK
- MIDDLE MARK
- LOWER MID MARK
- LOWEST

SAMPLE TO BE RETURNED YES NO

THE COST OF DESPATCH MUST BE PAID BY THE SCHOOL PRIOR TO THE RETURN OF SAMPLES.

Signature of Teacher: _____

**NOTE: This label should be affixed securely to the candidate's work.
FIVE PIECES MUST BE SUBMITTED FOR EACH EXPRESSIVE FORM.**