



C A R I B B E A N E X A M I N A T I O N S C O U N C I L
CARIBBEAN SECONDARY EDUCATION CERTIFICATE®
EXAMINATION

FRM/EDPD/189

MODERATION OF SCHOOL-BASED ASSESSMENT

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

VISUAL ARTS

NAME OF CENTRE: _____ TEST CODE: _____ CENTRE CODE: _____

NAME OF TEACHER: _____ NUMBER OF CANDIDATES IN GROUP: _____ NUMBER OF CANDIDATES IN CENTRE: _____

TERRITORY: _____ YEAR OF EXAMINATION: _____

CANDIDATE'S REGISTRATION NUMBER	CANDIDATE'S NAME		PIECE # 1				PIECE # 2				PIECE # 3				TOTAL			
			CR (16)	D/C (10)	Or. (4)	TOTAL (30)	CR (16)	D/C (10)	Or. (4)	TOTAL (30)	CR (32)	D/C (20)	Or. (8)	TOTAL (60)	CR (64)	D/C (40)	Or. (16)	TOTAL (120)
1.		Teacher																
		Moderator																
2.		Teacher																
		Moderator																
3.		Teacher																
		Moderator																
4.		Teacher																
		Moderator																
5.		Teacher																
		Moderator																

MODERATOR'S INITIALS: _____ CHIEF/ASSISTANT CHIEF EXAMINER'S INITIALS: _____ EXAMINER'S INITIALS: _____ DATE: _____



C A R I B B E A N E X A M I N A T I O N S C O U N C I L
C A R I B B E A N S E C O N D A R Y E D U C A T I O N C E R T I F I C A T E[®]
E X A M I N A T I O N

FRM/EDPD/189

M O D E R A T I O N O F S C H O O L - B A S E D A S S E S S M E N T

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

V I S U A L A R T S

NAME OF CENTRE: _____ TEST CODE: _____ CENTRE CODE: _____

NAME OF TEACHER: _____ NUMBER OF CANDIDATES IN GROUP: _____ NUMBER OF CANDIDATES IN CENTRE: _____

TERRITORY: _____ YEAR OF EXAMINATION: _____

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			CR (16)	D/C (10)	Or. (4)	TOTAL (30)	CR (16)	D/C (10)	Or. (4)	TOTAL (30)	CR (32)	D/C (20)	Or. (8)	TOTAL (60)	CR (64)	D/C (40)	Or. (16)	TOTAL (120)
6.		Teacher																
		Moderator																
7.		Teacher																
		Moderator																
8.		Teacher																
		Moderator																
9.		Teacher																
		Moderator																
10.		Teacher																
		Moderator																

MODERATOR'S INITIALS: _____ CHIEF/ASSISTANT CHIEF EXAMINER'S INITIALS: _____ EXAMINER'S INITIALS: _____ DATE: _____