



CARRIBBEAN EXAMINATIONS COUNCIL
CARIBBEAN ADVANCED PROFICIENCY EXAMINATION®
SCHOOL-BASED ASSESSMENT FEEDBACK TO SCHOOLS
ELECTRICAL AND ELECTRONIC TECHNOLOGY UNIT 2

[Please use capital Letters]

SCHOOL NAME:

SCHOOL CODE:

Four empty boxes for school code

NAME OF TEACHER:

A: CONTENT OF PROJECT

Four horizontal lines for project content

B. ASSESSMENT OBJECTIVES

Four horizontal lines for assessment objectives

C. CLERICAL/PROCEDURES

[Please circle the appropriate response]

- 1. Was Form FRM/EDPD/375, Project Cover Sheet, attached to each report? YES NO
2. Were the marks for the sample entered clearly and correctly? YES NO
3. Were comments from the teacher included on Form FRM/EDPD/386 YES NO
4. Was a completed Form FRM/EDPD/375 submitted for each project? YES NO
5. Was the sample work received by the due date? YES NO

D. STANDARD OF MARKING [TO BE COMPLETED BY CXC]

The teacher's assignment was, in general:

Far too high [] Rather High [] Appropriate [] Rather low [] Far too low []