

French / German / Spanish

OCR Advanced GCE H475 Unit F703

OCR Advanced GCE H476 Unit F713

OCR Advanced GCE H477 Unit F723

Speaking Working Mark Sheet

Please read the instructions printed overleaf before completing this form. One of these mark sheets, suitably completed, should be sent with the assessed work of **each** candidate.

Language	French	German	Spanish	Please delete as appropriate
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Examination series	January/June	Please delete as appropriate
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Year	2	0		
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Centre number					
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Candidate name		Candidate number				
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Article _____ (Enter letter)
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Discussion of Article			Mark
Grid K	Response to text	(max 10)	
Grid L	Response to Examiner	(max 10)	
Grid C1	Quality of Language (Accuracy)	(max 5)	
Grid F1	Quality of Language (Range)	(max 5)	

Topic Conversation			Mark
Grid M	Development of ideas	(max 10)	
Grid E2	Fluency, Spontaneity & Responsiveness	(max 5)	
Grid C1	Quality of Language (Accuracy)	(max 5)	
Grid F1	Quality of Language (Range)	(max 5)	
Grid G	Pronunciation and Intonation	(max 5)	

Total (max 60)	
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Authentication by the teacher

I declare that, to the best of my knowledge, the work submitted is that of the candidate concerned. I have attached details of any assistance given beyond that which is acceptable under the scheme of assessment.

Name (please print) _____ Signature _____ Date _____

OR: Visiting Examiner

Name (please print) _____ Signature _____ Date _____

INSTRUCTIONS FOR COMPLETION OF THIS FORM

Teachers:

- 1 One form should be used for each candidate.
- 2 Please ensure that the appropriate boxes at the top of the form are completed.
- 3 Leave all mark boxes blank.
- 4 Sign and date the form.

Visiting Examiners:

- 1 One form should be used for each candidate.
- 2 Please ensure that the appropriate boxes at the top of the form are completed.
- 3 Enter the mark awarded for each assessment criterion in the appropriate box.
- 4 For each candidate calculate a total mark out of 60 by adding together the marks for all the assessment criteria.
- 5 Enter the total mark for the candidate in the relevant box.
- 6 Sign and date the form.