

GCSE

Physical Education

5PE02

5PE04

5PE05

Moderation Forms Booklet



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Initial Contact with Moderator Questionnaire 2012

First contact date Proposed visit date Video moderation

CENTRE DETAILS			
NAME		CENTRE NUMBER	
CENTRE TEL NO		CENTRE email	
CENTRE FAX NO		MAP TO SCHOOL	YES/NO
TEACHER i/c		email	

NUMBERS of candidates	5PE04 (short) GIRLS <input type="text"/> BOYS <input type="text"/> 5PE02 (full) GIRLS <input type="text"/> BOYS <input type="text"/> 5PE05 (banked) GIRLS <input type="text"/> BOYS <input type="text"/>																										
	ENT LEV CERT GIRLS <input type="text"/> BOYS <input type="text"/>																										
ACTIVITIES OFFERED BY THE CENTRE - + numbers of A of P	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Activity - nos</th> <th style="width: 25%;">AoP - nos</th> <th style="width: 25%;">Activity - nos</th> <th style="width: 25%;">AoP - nos</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td>6.</td><td></td></tr> <tr><td>2.</td><td></td><td>7.</td><td></td></tr> <tr><td>3.</td><td></td><td>8.</td><td></td></tr> <tr><td>4.</td><td></td><td>9.</td><td></td></tr> <tr><td>5.</td><td></td><td>10.</td><td></td></tr> </tbody> </table>	Activity - nos	AoP - nos	Activity - nos	AoP - nos	1.		6.		2.		7.		3.		8.		4.		9.		5.		10.			
Activity - nos	AoP - nos	Activity - nos	AoP - nos																								
1.		6.																									
2.		7.																									
3.		8.																									
4.		9.																									
5.		10.																									
FITNESS TRAINING / EXERCISE ACTIVITIES -NUMBERS	AEROBICS <input type="text"/> INTERVAL <input type="text"/> WEIGHT <input type="text"/> BODY PUMP <input type="text"/> PILATES <input type="text"/> YOGA <input type="text"/> CONTINUOUS <input type="text"/> CIRCUIT <input type="text"/>																										
	<i>Candidates experience and show evidence of at least 2 types of training in their PEP, but will only be assessed in one type for the controlled assessment.</i>																										
Suggested ACTIVITIES FOR THE DAY	1. 2. 3. 4.																										
LEADER/ OFFICIAL	Leader Numbers <input type="text"/> Activities: <table style="width: 100%; border: none;"> <tr><td style="width: 50%;">1.</td><td style="width: 50%;">3.</td></tr> <tr><td>2.</td><td>4.</td></tr> </table>		1.	3.	2.	4.	Official Numbers <input type="text"/> Activities: <table style="width: 100%; border: none;"> <tr><td style="width: 50%;">1.</td><td style="width: 50%;">4.</td></tr> <tr><td>2.</td><td>5.</td></tr> </table>		1.	4.	2.	5.															
1.	3.																										
2.	4.																										
1.	4.																										
2.	5.																										
WET WEATHER PROGRAMME	Identify alternative activities to be offered if unable to carry out assessment on H & S grounds																										
EXTERNALLY ASSESSED ACTIVITIES (if applicable)	1. 2. 3. 4.																										

ANALYSIS OF PERFORMANCE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">FORMAT</td> <td style="width: 35%;">NUMBERS</td> <td style="width: 30%;"></td> </tr> <tr> <td>Q/A</td> <td>...</td> <td style="border: 1px solid black; height: 15px;"></td> </tr> <tr> <td>WRITTEN</td> <td>...</td> <td style="border: 1px solid black; height: 15px;"></td> </tr> <tr> <td>PRESENTATION</td> <td>...</td> <td style="border: 1px solid black; height: 15px;"></td> </tr> </table> <p>Provision for sample on the day</p> <p>Individual controlled assessment record sheets to be completed</p>		FORMAT	NUMBERS		Q/A	...		WRITTEN	...		PRESENTATION	...	
FORMAT	NUMBERS													
Q/A	...													
WRITTEN	...													
PRESENTATION	...													
TIMETABLE	<p>Needs to show:</p> <ul style="list-style-type: none"> • when all controlled assessments are taking or have taken place • time for VM to look at PEPs/written work, Leader/Official evidence 													
REMINDERS	<ul style="list-style-type: none"> • PE2MS, PE2AS, PE2AP (signed copy) to be completed in candidate number order and sent to VM 7 days before assessment day • All written AoP and PEP to have candidate authentication statement signed and attached to the work. • PEPS available for all candidates in written format • Practices should attempt to extend all ability levels • If Fitness Training shown, candidates to complete Moderator Information Sheet <p>E9 REPORT any issues/advice highlighted last year?</p>													
PAPERWORK	Pre-Moderation - DATE RECEIVED Initial contact qu'aire Timetable PE2AS PE2AP PE2MS	Post Moderation - DATE RECEIVED -- -- --												

GCSE - PE2AS

Pre-moderation Controlled Assessment Activity Sheet

Enter names in candidate number order

Centre Name:	One sheet PER activity session	Centre Number:				
Activity:	Date:	Time:				
Teacher/Assessor:						
Candidate Number	Practical Number/bib	Candidate Name	Est Mark	TE Mark	VM Mark	+/-
					Average difference	
Moderator Comments						
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>This sheet MUST be sent to the moderator at least 7 days prior to moderation visit</p> </div>						
Moderator number		Signature			Date	

GCSE - PE2AS

Pre-moderation Controlled Assessment Activity Sheet

Enter names in candidate number order

Centre Name:	Centre Number:
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Activity: Teacher/Assessor:	Date:	Time:
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Candidate Number	Practical Number/bib	Candidate Name	Est Mark	TE Mark	VM Mark	+/-

Average difference	
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Moderator Comments

Moderator number	Signature	Date
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Analysis of Performance - Task 2.2 (5PE02 - Full Course)

Centre Name: _____

Centre No. _____



Candidates MUST be entered in candidate number order

Candidate Number	Candidate Name	Practical Activity	Format (W/O/P)	Rules, Regulations & Terminology (4)	Observe & Analyse Performance (4)	Evaluate Performance (4)	Strategies Practices (4)	Plan a PEP (4)	Total (20)	Moderator's mark	Difference	Moderator's comments
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
Average Difference											#DIV/0!	

The activity the candidate's AoP focuses on must be entered in this column.

The format can be either Written (W), Oral (O) or Presentation (P). This should be entered here.

The spreadsheet will work out the total for you, based on the marks you have entered in previous columns.

These 3 columns should be left blank for your moderator to use.

This form must be sent to the moderator 7 days prior to moderation.

Marks should be entered according to the column headings. The MAX mark available is indicated in brackets in each column. An X should be entered if the candidate is absent due to illness.

DECLARATION TO BE SIGNED BY THE TEACHER EXAMINER RESPONSIBLE FOR COMPLETING THE MARK SHEET

I declare that the activities of the candidates in respect of the marks listed on this mark sheet have been kept under regular supervision and that, to the best of my knowledge, no assistance has been given apart from any which is acceptable under the scheme of assessment.

Signed: _____

Date: _____

Analysis of Performance - Task 2.2 (5PE02 - Full Course)

Centre Name: _____

Centre No. _____



Candidates MUST be entered in candidate number order

Candidate Number	Candidate Name	Practical Activity	Format (W/O/P)	Rules, Regulations & Terminology (4)	Observe & Analyse Performance (4)	Evaluate Performance (4)	Strategies Practices (4)	Plan a PEP (4)	Total (20)	Moderators mark	Difference	Moderator's comments
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
									0		0	
Average Difference											#DIV/0!	

DECLARATION TO BE SIGNED BY THE TEACHER EXAMINER RESPONSIBLE FOR COMPLETING THE MARK SHEET

I declare that the activities of the candidates in respect of the marks listed on this mark sheet have been kept under regular supervision and that, to the best of my knowledge, no assistance has been given apart from any which is acceptable under the scheme of assessment.

Signed: _____

Date: _____

Appendix 1 Controlled assessment record sheets



Controlled assessment record sheet (5PE04) GCSE (Short Course) in Physical Education

This form should be completed for EACH candidate and copies sent to the moderator along with the PE2AP forms.

		Examination year:	
Centre name:		Centre number:	
Candidate name:		Candidate number:	
Task 2.1: Practical performance			
Performance 1	Role:	Activity:	/10
Performance 2	Role:	Activity:	/10
Task 2.2: Analysis of performance			
2.2.1: Rules, regulations and terminology		/4	
2.2.2: Observe and analyse performance		/4	
2.2.3: Evaluate performance		/4	
2.2.4: Plan strategies, tactics and practices		/4	
2.2.5: Plan a Personal Exercise Programme (PEP)		/4	
Sub-total for Task 2.2		/20	
Derived total for Task 2.2 (sub-total/2)*			/10
Total for Unit 2			/30

* this must be a whole number, halves should be rounded up

Candidate	(name)	(signature)	Date:
Teacher	(name)	(signature)	Date:

Please attach this sheet to the student's work before submitting it to the moderator.

This form should be signed by EACH candidate before it is sent to the moderator.

Controlled assessment record sheet (5PE02)

GCSE in Physical Education

		Examination year:	
Centre name:		Centre number:	
Candidate name:		Candidate number:	
Task 2.1: Practical performance			
Performance 1	Role:	Activity:	/10
Performance 2	Role:	Activity:	/10
Performance 3	Role:	Activity:	/10
Performance 4	Role:	Activity:	/10
Task 2.2: Analysis of performance			
2.2.1: Rules, regulations and terminology		/4	
2.2.2: Observe and analyse performance		/4	
2.2.3: Evaluate performance		/4	
2.2.4: Plan strategies, tactics and practices		/4	
2.2.5: Plan a Personal Exercise Programme (PEP)		/4	
Sub-total for Task 2.2		/20	
Derived total for Task 2.2 (sub-total/2)*			/10
Total for Unit 2			/50

* this must be a whole number, halves should be rounded up

Candidate	(name)	(signature)	Date:
Teacher	(name)	(signature)	Date:

Please attach this sheet to the student's work before submitting it to the moderator.

Please ensure that the correct form is used for short course (previous form) and full course (this form) candidates.

Summer 201_

OUTLINE OF VIDEO ACTIVITY

Centre Name		Centre Number					
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DATE OF ASSESSMENT	ACTIVITIES SHOWN (In order of recording)	CANDIDATES SHOWN (In order of appearance in each activity)	CANDIDATE NUMBER

Enter candidate name AND bib number

This form must be sent WITH the DVD evidence to the moderator.

I declare that the assessments were carried out on the date(s) shown on this form.

Signed:..... Name of Principal Teacher Examiner:.....

Date:

Moderator Information Sheet for Fitness training

Centre:		Number:	
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Candidate:		Number:	
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Fitness Training for:	(Sport/ Activity)
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Types of training chosen for PEP:

1. Controlled assessment		2.	
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Resting heart rate (before warm up):	
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Working heart rate:	
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Recovery Time:	1m	2m	3m	4m	5m
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Description of Exercise session

(This could be shown on an attached sheet)
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