

OR4AL – A LEVEL ORAL FORM: French, German, Spanish

Examiners must have a copy of **this form**, the **Independent Research Project Form (RP3)** and the **Candidate Speaking Authentication Sheet (CS3)** for the cohort at least three weeks before the exam. This form will be used as part of the Access to Scripts (ATS) service for centres.

9FRO 3A 9SP0 3A 9GN0 3A	CENTRE NAME:	CENTRE NUMBER:
9FRO 3B 9SP0 3B 9GN0 3B	CANDIDATE NAME:	CANDIDATE NUMBER:

Admin & Conduct of Text (tick relevant boxes)	EX	TL
Recording sufficiently clear? (Y/N)		
Independent Research Project Form (RP3) (Y/N)		
Candidate Speaking Authentication Sheet (CS3) (Y/N)		
Test conducted correctly		
Test not conducted in accordance with Administrative Requirements		
Specification/Rubric Infringements		

Additional Information (tick relevant boxes)	EX	TL
Test too long		
Test too short (teacher/examiner did not ask sufficient follow-up questions)		
Incorrect stimulus card used (T1)		
Too much time spent on T1		
Questions rephrased (T1)		
Questioning lacks breadth for K&U (T1)		
Presentation exceeded two minutes (T2)		
Further questions not appropriate level/topic (T2)		

Task 1 Card No: _____ Statement: A B	EXAMINER MARK	TL MARK	UNIT TOTAL
AO1 INTERACTION	/6	/6	
A03 ACCURACY & RANGE OF LANGUAGE	/12	/12	
A04 KNOWLEDGE AND UNDERSTANDING	/12	/12	
TOTAL	/30	/30	<u> </u>/72
Task 2, Part 1	EXAMINER MARK	TL MARK	
A02 RESPONDING TO WRITTEN LANGUAGE	/12	/12	
Task 2, Part 2	EXAMINER MARK	TL MARK	
AO1 INTERACTION	/6	/6	
A03 ACCURACY & RANGE OF LANGUAGE	/12	/12	
A04 KNOWLEDGE AND UNDERSTANDING	/12	/12	
TOTAL	/30	/30	

Pearson Examiner Name (PRINT)	AA Number:	Date:
Pearson Team Leader Name (PRINT) <i>If used as part of the monitoring process</i>	AA Number:	Date: