

OR3AS – AS ORAL FORM: French, German, Spanish

Examiners must have a copy of **this form**, and the **Candidate Speaking Authentication Sheet (CS3)** for the cohort from the Specification. This form will be used as part of the Access to Scripts (ATS) service for centres.

8FRO 3A 8SPO 3A 8GNO 3A	CENTRE NAME:	CENTRE NUMBER:
8FRO 3B 8SPO 3B 8GNO 3B	CANDIDATE NAME:	CANDIDATE NUMBER:

Admin & Conduct of Text (tick relevant box)	EX	TL
Recording sufficiently clear? (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 box/es)	EX	TL
Test too long		
Test too short (teacher/examiner did not ask sufficient follow-up questions)		
Incorrect stimulus card used		
Too much time spent on T1 (Q4)		
Questions rephrased in T1		
Questioning lacks breadth for K&U (T2)		
Discussion moves away from the sub-theme topic/aspects (T2)		
Further questions not appropriate level (T2)		

Task 1 Card No: _____	EXAMINER MARK	TL MARK	UNIT TOTAL
AO1 INTERACTION	/6	/6	
A02 RESPONDING TO WRITTEN LANGUAGE & SPEECH	/12	/12	
A03 ACCURACY & RANGE OF LANGUAGE	/12	/12	
A04 KNOWLEDGE AND UNDERSTANDING	/12	/12	
TOTAL	/42	/42	
Task 2 Card No: _____	EXAMINER MARK	TL MARK	__/72
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: