SPEAKING ASSESSMENT SHEET

CANDIDATE LABEL

EXAM FORMAT

☐ Children's Oral I	☐ Children's Oral II	☐ Children's Oral III

ASSESSMENT CRITERIA

Tick (✓) the applicable score for each criterion. Greyed cells are not applicable.

CRITERION	1	1.5	2	3	4	5
Communication & Effort	☐		☐	☐	☐	☐
Pronunciation	☐	☐	☐			
Language Use	☐		☐	☐		

REMARKS

Examiner: _____ **Signature:** _____

Date: _____ **Final Mark** ____ / 10

Grade: ■ _____

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