

**Internal assessment record form: Language A2**Submit to: **see below**Arrival date: **see below**

Session: .....

School number:

0	0						
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School name: .....

- Write legibly in black ink.
- Complete this form in the working language of your school (English, French or Spanish).
- Complete one copy of this form for each candidate.
- Do not send this form to IB Cardiff or to the moderator unless instructed to do so. Retain the forms until after the publication of results.
- Ensure that the appropriate individual(s) sign and date the form when entering the final achievement levels and total.

Subject: \_\_\_\_\_ A2

Level: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Candidate session number:

0	0								
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Teacher's name: .....

Date: .....

Signature: .....

# International Baccalaureate

2/RFA2 (reverse)

School name: .....

Subject: \_\_\_\_\_

Level: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Candidate session number:

0	0						
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	Date	Interactive oral activities	Based on text / topic / theme	Additional comments & teacher's name	Assessment			
1	Month/Year			Teacher: _____	A	B	C	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Month/Year			Teacher: _____	A	B	C	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Month/Year			Teacher: _____	A	B	C	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IA score	Month/Year	Selected interactive oral activity (from one of the above)		Teacher: _____	A	B	C	Total
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	Month/Year	Individual oral		Teacher: _____	A	B	C	Total
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
=	<b>Final Assessment</b>	<b>Comments:</b>			<b>Total interactive oral + Total individual oral ÷ 2 =</b>			<b>Total</b>
								<input type="checkbox"/>

