TEST CODE **02172031**

| CENTRE NO: REGISTRATION NUMBER | CANDIDATE'S NAME | | | MODULE 1 SCORE * | MODULE 2 SCORE * | MODULE 3 SCORE * | TOTAL SCORE | COMMENTS |
|---------------------------------|------------------|--|--|------------------------|------------------------|------------------------|----------------|----------|
| (Last four digits only) | | RANK IN GROUP (SCHOOL/ CLASS) (1 st , 2 nd , 3 rd) | EXPECTED UNIT GRADE (i.e. I, II, III, IV, V, VI, or VII) | (20 mks) | (20 mks) | (20 mks) | (60 mks) | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
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| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
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| 17. | | | | | | | | |
| 18. | | | | | | | | |
| 19. | | | | | | | | |
| 20. | | | | | | | | |
| 21. | | | | | | | | |
| 22. | | | | | | | | |
| 23. | | | | | | | | |
| 24. | | | | | | | | |
| 25. | | | | | | | | |

In order to determine Module Scores, teachers should divide the total score by three. If there is a remainder of one mark, allocate it to Module 3. If there is a remainder of two marks, allocate one mark to Module 2 and one mark to Module 3.

The order of merit is a standard requirement of several examining boards and testing agencies. Its purpose is to provide CXC with:

- (a) a quality control check in its examining process;
- (b) a ranking with which to compare 'basic discrepancies' between the CXC result and the school's normal assessment of the candidates;
 (c) an estimate of performance by the school, if, for example, allowances have to be made for adverse circumstances under Regulation 17.

The order of merit should be informed by performance on the School-Based Assessment and any other assessments done by the teacher.





FRM/EDPD/597

CARIBBEAN EXAMINATIONS COUNCIL CARIBBEAN ADVANCED PROFICIENCY EXAMINATION®

RECORD OF MARKS FOR SCHOOL-BASED ASSESSMENT

(This record is confidential and must be kept secure.)

FINANCIAL SERVICES STUDIES UNIT 1

| YEAR OF EXAMINATION: | |
|------------------------|-------|
| NAME OF CENTRE: | - |
| CENTRE CODE: | - |
| | |
| | |
| | |
| NAME OF TEACHER: | |
| TEACHER'S SIGNATURE: | DATE: |
| | |
| | |
| | |
| NAME OF PRINCIPAL: | _ |
| PRINCIPAL'S SIGNATURE: | DATE: |

Revised May 2017