AS Physical Education (9396/02) Coursework Summary Assessment Form

Centre Number	Centre Name	
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Complete in candidate number order

Cand No.	Candidate Name	Activity One		Activity Two		Action Plan		Total (out of
		*Act. Code	Mark (30)	*Act. Code	Mark (30)	*Act. Code	Mark (30)	90)

^{*}Enter the relevant Activity Code from those listed (e.g. Ath, AF, Bad, etc.).

I confirm that all assessments have been carried out according to the AS Coursework Guidelines booklet and that assessments have been internally standardised to obtain a single, valid rank order of merit.

Name of Teacher comple	ting form		
Signature of teacher		Date	

An independent person should sign to authenticate the times and distances achieved by candidates on individual activities.

Name of the person authenticating all times and distances achieved		
Position of the independent person at Centre		
Signature of person	Date	

SEAL OF SCHOOL