

Name:

Date:

| <i>Performance</i> | <i>No control</i> | <i>Partial Control</i> | | <i>Full Control</i> | |
|---|-------------------|------------------------|----------|---------------------|----------|
| | 0 | 1 | 2 | 3 | 4 |
| Content/ Vocab Descriptive A variety of verbs | | | | | |
| Sentences (5-10 complete) | | | | | |
| Comprehensibility Pronunciation/Intonation Fluidity (no long pauses) No English | | | | | |
| Grammar: Subject/verb agreement & tense consistency more than 50% | | | | | |
| Questions At least 2, relevant to the picture | | | | | |

Other notes:

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