

Name: ALUNA

Teacher:

Group: TEENS 2B

Date: ----

Gramática

/ 10

**Compreensão
auditiva**

/ 10

Escrita

/ 10

Fala

/ 10

Frequência

/ 10

MÉDIA:**COMENTÁRIOS**



Name: ALUNO

Date: / /

Teacher: TEACHER

Class: TEENS 2B

SPEAKING TEST SCORING SHEET

Comprehension	0	1	2	3	4	5	6	7	8	9	10
Fluency	0	1	2	3	4	5	6	7	8	9	10
Grammar	0	1	2	3	4	5	6	7	8	9	10
Vocabulary	0	1	2	3	4	5	6	7	8	9	10
Pronunciation	0	1	2	3	4	5	6	7	8	9	10

TOTAL: 00,00

GENERAL COMMENTS