Name _____ Date _____

Teacher _____ Group _____

# SPEAKING TEST SCORING SHEET

| | | Poor | Fair | Good | Very Good | Excellent |
|---|---|---|---|---|---|---|
| Comprehension | 0 | 1 | 2 | 3 | 4 | 5 |
| Fluency | 0 | 1 | 2 | 3 | 4 | 5 |
| Grammar | 0 | 1 | 2 | 3 | 4 | 5 |
| Vocabulary | 0 | 1 | 2 | 3 | 4 | 5 |
| Pronunciation | 0 | 1 | 2 | 3 | 4 | 5 |

**TOTAL:** _____

**IN A SCALE FROM 0 - 10:** _____

## GENERAL COMMENTS

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