**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 2, Task 2a – Structured Questions

**Teacher Advice**

This task has been developed within the scope of the Study Design and **has been designed to be easily divided into two tasks worth 25 marks each (see below for where the SAC is divided into two parts).** **To complete the SAC in one part (worth 50 marks), simply delete the cover sheet for part 2.**

The relevant dot points from the Study Design for this task are:

***Key knowledge***

* Improvements in Australia’s health status since 1900 and reasons for these improvements, focusing on policy and practice relating to:
  + - ‘old’ public health
    - the biomedical approach to health and improvements in medical technology

Q 1 – 3

* + - development of ‘new’ public health including the social model of health and Ottawa Charter for Health Promotion
    - the relationship between biomedical and social models of health
* Australia’s health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity
* The role of health promotion in improving population health, focusing on one of: smoking, road safety, or skin cancer, including:
  + why it was/is targeted
  + effectiveness of the health promotion in improving population health

Q 4 – 7

* + how the health promotion reflects the action areas of the Ottawa Charter for Health Promotion
* Initiatives introduced to bring about improvements in Indigenous health and wellbeing in Australia and how they reflect the action areas of the Ottawa Charter for Health Promotion
* Initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change.

**Key skills**

* Analyse data that show improvements in health over time and draw conclusions about reasons for improvements
* Analyse the role of Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme in promoting Australia’s health

Q 1 – 3

* Analyse the strengths and limitations of biomedical and social models of health in bringing about improvements in health status
* Apply the action areas of the Ottawa Charter for Health Promotion to a range of data and case studies

Q 4 – 7

* Evaluate initiatives in terms of their capacity to improve Indigenous health and wellbeing
* Draw conclusions as to why dietary improvements are difficult to achieve in Australia.
* Explain the individual and collective importance of health and wellbeing as a resource

**Student preparation**

Students should be adequately prepared with regards to all relevant key knowledge and key skills dot points before sitting the task. Teachers should read through SAC tasks prior to students completing the task to ensure all relevant content has been addressed.

As well as having an understanding of key knowledge points and the ability to carry out the key skills, students should be able to explain or define all words within the dot points.

When presented with data, the data should be used at some stage in the related answers. This shows a greater level of understanding of data as opposed to making generalised comments.

If a question asks for similarities or differences between population groups, students should make reference to both groups in their answer.

Students should be aware of the difference between health status and factors affecting health status. If a question is about health status, students should link their answer back to a health status indicator or a particular condition. For example, socioeconomic status is an example of a sociocultural factor, not an aspect of health status.

When students are asked to link to health and wellbeing, the dimensions (physical, social, emotional, mental and / or spiritual) should form the basis of the response.

**Creating one 50 mark task**

This SAC has been created to allow simple conversion into 1 x 50 mark task - simply delete the cover sheet for Part 2.

**Time**

This SAC has been developed to be completed in a 60 minute timeframe. Teachers may want to add reading time to simulate the end-of-year examination. It can also be split into two tasks (worth 25 marks each) if smaller tasks are preferable. If so, these tasks should be completed in a 30 minute timeframe.

**Materials**

Students only require a pen to complete this task.

**Conditions**

This task should be completed under test conditions. It has been written to reflect the end-of-year examination and provides valuable practice for the skills required to succeed in the examination.

Students should not have access to any notes, mobile phones, calculators or any other electronic device.

**HEALTH AND HUMAN DEVELOPMENT**

Unit 3 Outcome 2, Task 2a (Part 1)

Structured Questions

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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• Students are NOT permitted to bring into the assessment room: blank sheets of paper and/or white out liquid/tape.

• No calculator is allowed in this assessment.

**Materials supplied**

• Question and answer booklet.

• Additional space is available at the end of the booklet if you need extra paper to complete an answer. Ensure any extra space used is labelled clearly with the question number.

**Instructions**

• Write your **name** and **student number** in the space provided above on this page.

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**Question 1** (12 marks)

The following graph shows the rate of road fatalities (deaths) per 100 000 vehicles between 1975 and 2014 in Australia.

1. Using data, briefly describe the change in road fatalities over time as shown in the graph. 2 marks

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1. Outline two ways that the biomedical model of health may have contributed to reducing the rate of

road fatalities in Australia over time. 2 marks

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1. Identify two principles of the social model of health and explain how each could assist in reducing

road fatalities in Australia. 4 marks

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1. Explain a limitation of the biomedical and social models of health in relation to decreasing the rate of

road fatalities in Australia. 4 marks

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**Question 2** (7 marks)

Medicare and the National Disability Insurance Scheme (NDIS) are two key components of Australia’s health system.

1. Briefly explain how the NDIS is different from Medicare. 2 marks

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1. Briefly explain how Medicare promotes health in Australia in relation to funding. 3 marks

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1. Briefly explain how the NDIS can promote spiritual health and wellbeing in Australia. 2 marks

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**Question 3** (6 marks)

1. What is meant by ‘old’ public health? 2 marks

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1. Using two examples, explain how old public health has contributed to improvements in Australia’s

health status since 1900. 4 marks

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**HEALTH AND HUMAN DEVELOPMENT**

Unit 3 Outcome 2, Task 2a (Part 2)

Structured Questions

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**Question 4** (8 marks)

Healthy eating is identified as a key focus for improving health status in Australia.

1. Identify two Australian Dietary Guidelines and explain how each can assist in promoting health

status in Australia. 4 marks

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1. Outline one way that Nutrition Australia works to promote healthy eating in Australia. 2 marks

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1. Draw two conclusions as to why dietary improvements are difficult to achieve in Australia. 2 marks

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**Question 5** (6 marks)

Using two action areas of the Ottawa Charter as the basis of your response, explain how initiatives have promoted the health and wellbeing of Indigenous Australians.

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**Question 6**  (4 marks)

According to the Health Promotion Association of Australia ‘alcohol is responsible for a substantial burden of death, disease and injury in Australia affecting not only drinkers themselves but also children, families and the broader community.’

A range of interventions exist that could be implemented to assist in reducing the harm caused by alcohol.

Using your understanding of effective health promotion in Australia, discuss two ways that harm from alcohol could be targeted by health promotion.

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**Question 7** (7 marks)

Smoking, road safety and skin cancer have all been effectively targeted by health promotion in Australia.

1. Outline what is meant by health promotion. 1 mark

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1. Select one of these issues and explain why it has been targeted by health promotion. 2 marks

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1. Using two examples, explain the effectiveness of health promotion in improving health status in

Australia in relation to either smoking, road safety or skin cancer. 4 marks

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**END OF QUESTION AND ANSWER BOOKLET**

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**Answer Guide**

Please note that these answers are a guide only and do not represent every possible correct answer.

1. a. Students receive one mark for describing the change in road fatalities and another mark for the correct use of data. The correct unit of measurement must be included to be eligible for full marks. For example:

There were around 60 deaths per 100 000 vehicles in 1975. This number gradually decreased over time until it reached around 5 deaths per 100 000 vehicles in 2014.

b. Students receive one mark for each way the biomedical model of health may have contributed to reducing the rate of road fatalities in Australia over time for a total of two marks. Answers worth one mark include:

* Medicines may have been developed that can treat infections caused by road crashes more effectively, contributing to reduced mortality rates.
* Surgical techniques such as limb amputation may have developed meaning that people are less likely to die from their injuries.
* Medical technology such as scanning machines can mean that injuries are diagnosed more effectively, increasing treatment options and reducing the risk of death from road trauma.

c. Students receive one mark for each principle they correctly identify and another mark for linking it to the reduction of road fatalities in Australia for a total of four marks. Answers worth two marks include:

* Involves Intersectoral collaboration – the government could work with car manufacturers to ensure that the highest quality safety equipment is installed in new cars, reducing the risk of death when crashes occur.
* Addresses the broader determinants of health – lower socioeconomic groups could be provided with subsidised driver education lessons. This could assist in reducing the number of people killed in crashes.
* Reduces social inequities – males are often more likely to be killed in road crashes. Males could be targeted by advertising campaigns to assist in decreasing the rate of fatalities among this group.
* Empowers individuals and communities – road safety classes could be included in the school curriculum to ensure that 16 and 17-year-olds are given the education they need to minimise their risk of road trauma.
* Increases access to health care – senior citizens could be given free health checks to ensure their suitability for driving. This could reduce the risk of road trauma and fatalities if people know they are capable of driving safely.

d. Students receive two marks for each limitation they explain in relation to the biomedical and social models of health for a total of four marks. Answers worth two marks include:

* The medical technology used to treat injuries can be very expensive which means some people will not be able to afford it.
* The biomedical model of health cannot treat every single injury. Often, people are severely injured and may not make it to the hospital and in these cases, the biomedical approach will be ineffective.
* The social model of health will only be effective in reducing rates of injuries if people engage in the interventions put in place and some people may choose not to.
* The social model of health does not contribute to new technologies in relation to treating injuries. As injuries will still occur, there are some people with an injury who will not benefit from the social model.

1. a. Students must briefly explain the difference between the NDIS and Medicare for two marks. One mark is awarded for highlighting an aspect of the NDIS that is different from Medicare and another mark for showing an understanding of an aspect of Medicare that is different from the NDIS. Examples worth two marks include:

* The NDIS is only available for people with permanent, significant disabilities, their families and carers whereas Medicare provides subsidised medical treatment for all Australians.
* The NDIS provides support such as assistive technology and transportation, whereas Medicare subsidises the cost of doctors’ consultations.

b. One mark is awarded for showing an understanding of funding in relation to Medicare and two marks for linking this to improved health outcomes in Australia (either dimensions of health and wellbeing or health status indicators). Note that students can receive a mark for discussing how Medicare is funded, but must link this to improved health outcomes to be eligible for full marks. For example, if a student discusses the Medicare Levy or Medicare Levy Surcharge, they will receive marks, but they must show how this money is used to actually improve health outcomes (such as through doctors’ consultations or public hospital services) to be eligible for three marks. Answers worth three marks include:

* Medicare subsidises the cost of doctors’ consultations. This means that people can receive treatment for chronic conditions such as hypertension. This can reduce the rates of heart attack and stroke which can improve mortality rates and increase life expectancy.
* Medicare is funded through taxation, including the Medicare Levy, the Medicare Levy Surcharge and general taxation. This money is then used to fund treatment in public hospitals which can reduce levels of stress as people know they can receive emergency treatment if required.

c. Students are awarded two marks for discussing how the NDIS can promote spiritual health and wellbeing. Students should show a specific understanding of the NDIS to be eligible for two marks. For example, if a student answers ‘the NDIS increases opportunities for people to work towards their purpose in life which promotes spiritual health and wellbeing’, full marks should not be awarded. They need to explain how the NDIS increases these opportunities. Answers worth two marks include:

* The NDIS can provide funding for assistive technology such as wheelchairs. This can mean that people with disabilities become more mobile which increases their ability to gain meaningful employment. This can provide people with a sense of purpose in life.
* The NDIS provides assistance for people in accessing both mainstream and community support and services. This can include accessing local sporting or arts clubs which can provide people with a sense of belonging to the community in which they live.

1. a. Students receive two marks for making two points about what old public health relates to. Note that if students just provide examples of interventions that relate to old public health, only one mark should be awarded. Answers worth two marks include:

* Old public health relates to measures put in place relating to the physical environment that have the aim of reducing the transmission of infectious diseases. Interventions such as underground sewerage systems and purified water are examples of this.
* Old public health relates to the interventions put in place by the government in the early 1900s. These interventions included quarantine measures and the provision of clean drinking water.

b. Students receive two marks for linking each example of old public health to improvements in health status in Australia. Note that marks are not awarded specifically for the examples, but rather, the way that each is linked to health status. Examples worth two marks are:

* The provision of clean water meant that infectious diseases such as cholera and dysentery were less likely to spread, decreasing mortality rates, especially for those aged under 5.
* Quarantine laws reduced the spread of infectious diseases from other countries to Australia. This meant that many infectious diseases were not present in Australia which reduced mortality and morbidity rates due to infections.
* Housing regulations improved the quality of housing in Australia by requiring features such as adequate ventilation. This reduced the amount of air pollution in houses and decreased rates of respiratory diseases.
* Workplace safety laws reduced the risk of injuries in workplaces. This assisted in bringing down mortality rates due to injuries and increasing life expectancy.
* Funding mass vaccination programs meant that many people, especially children, did not contract diseases such as measles. This assisted in reducing morbidity and mortality rates for young people.

1. a. Students must show an understanding of two Australian Dietary Guidelines in their answer for two marks and then a further two marks for linking each to improved health status. Note that if students make links to dimensions of health and wellbeing, marks should only be awarded for the guidelines. Answers worth two marks include:

* To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs – this can assist in reducing the risk of obesity which can reduce morbidity and mortality rates from related conditions such as type 2 diabetes.
* Enjoy a wide variety of nutritious foods from the five groups every day – this can assist in promoting immune system function which can reduce the incidence of conditions such as cancer and cardiovascular disease.
* Limit intake of foods containing saturated fat, added salt, added sugars and alcohol – reducing saturated fat intake can reduce low-density lipoprotein levels in the blood which can reduce the prevalence of high blood pressure.
* Encourage, support and promote breastfeeding – breastmilk contains antibodies which can reduce the risk of infectious diseases among children, reducing morbidity rates.
* Care for your food; prepare and store it safely – this reduces rates of food poisoning which are a leading cause of infectious disease in Australia.

b. Students receive two marks for explaining one way that Nutrition Australia promotes healthy eating in Australia. Note that students can identify the initiative at any point in their answer. Examples worth two marks could be:

* Nutrition Australia developed the Healthy Eating Pyramid. The pyramid shows the food groups according to four layers which include examples from each of the five food groups.
* Nutrition Australia website: Through the Nutrition Australia website, recipes that promote health are provided free of charge to the community. These recipes can promote healthy eating.
* Nutrition Australia prepare resources for National Nutrition Week. This includes information on activities that promote healthy eating in primary schools such as food tasting stalls.
* Menu assessments are carried out by Nutrition Australia. Advice can be provided relating to including more foods from the five food groups.

c. Students receive one mark for each conclusion that is drawn in relation to why dietary improvements are difficult to achieve in Australia. Examples worth one mark include:

* Many people lack the ability to cook a range of different foods and therefore stick with the foods they know, reducing their ability to achieve dietary improvements.
* Time is a significant limiting factor for many people which means they may rely on convenience foods that are not as healthy as other options.
* A person’s personal preferences for certain foods can prevent them from adopting healthier eating practices.
* The amount of money people have can mean they choose cheaper foods which may be processed and not as healthy as other options.
* Many people have their food prepared by others which can limit their ability to choose healthier options.

1. Students receive one mark for correctly identifying a priority area of the Ottawa Charter, a second mark for explaining how it is reflected in an initiative and a third mark for explaining how it has promoted health and wellbeing for a total of six marks. Answers worth three marks include:

* Develop personal skills - The Delivering Deadly Services initiative develops personal skills by focusing on cultural awareness training for health workers and promoting effective identification of Indigenous clients. This means more Indigenous people may receive culturally appropriate health care which can reduce symptoms of disease by providing adequate treatment.
* Build healthy public policy - ‘Closing the Gap’ is healthy public policy implemented by all levels of government and Indigenous leaders to close the gap in life expectancy between Indigenous and non-Indigenous Australians by 2030. This includes initiatives that work to reduce risk factors such as risky alcohol consumption which reduces the risk of injuries.
* Strengthen community action - Feedin’ the Mob strengthens community action by encouraging the community to be involved in activities that draw on local culture to educate by teaching the benefits of healthy eating and lifestyle. This promotes mental health and wellbeing by reducing stress as the risk of lifestyle related diseases such as cardiovascular disease and type 2 diabetes.
* Create supportive environments: Aboriginal Quitline is a telephone counselling service that creates a supportive environment by providing confidential support for Indigenous Australians who want to quit smoking. This can reduce the risk of infectious diseases among Indigenous Australians as immune system function improves by not smoking.
* Re-orient health services – The ‘Be Deadly, Get Healthy’ program uses health workers such as physiotherapists to promote physical activity. Regular physical activity can assist Indigenous people in maintaining a healthy body weight.

1. Students receive two marks for each way that alcohol can be targeted by health promotion for a total of four marks. Students can base their responses on the action areas of the Ottawa Charter, but do not receive a mark for identifying an action area. Answers worth two marks include:

* Governments can implement laws such as those relating to consumption of alcohol in public places. This can reduce alcohol consumption at public events which can reduce the risk of alcohol-related injuries such as those arising from falls and violence.
* Governments can increase the tax on drinks containing alcohol, making them more expensive. This can encourage people to limit their intake of these drinks, reducing harm from alcohol such as liver diseases.
* Advertising campaigns can be implemented that target young people through social media. This can encourage cultural shift towards not misusing alcohol, reducing the risk of lifestyle diseases associated with alcohol such as injuries.
* Schools can implement alcohol education programs. This can educate young people in relation to the potential harm associated with alcohol, contributing to reduced intake and lower levels of diseases associated with alcohol use such as cardiovascular disease and cancer.
* Labels on drinks containing alcohol could alert consumers to the dangers of consuming alcohol whilst pregnant. This could act to reduce the incidence of foetal alcohol spectrum disorder.

1. a. Students receive one mark for outlining health promotion:

The process of enabling people to take control over, and to improve, their health.

b. Students receive two marks for making two points relating to why their selected issue is targeted. Students can make fewer points in more detail or more points in less detail. Answers should relate to the selected issue. Answers worth one mark include:

**Smoking**

* Smoking kills thousands of Australians each year.
* Smoking costs Australia millions of dollars each year in health costs.
* Exposure to environmental tobacco smoke (ETS) causes disease and premature death in adults and children who do not smoke.

**Road safety**

* There have been thousands of deaths on Australia’s roads and all are considered preventable.
* Every day, an average of four people are killed and 90 are seriously injured as a result of using Australia’s roads.
* Road injuries can be severe and last a lifetime, reducing the ability of people to work productively.

**Skin cancer**

* Australia has the highest rate of skin cancer in the world.
* Melanoma is a significant contributor to YLL in Australia.
* Surgery can alter a person’s appearance as large amounts of surrounding tissue is often removed, which can contribute to depression and anxiety.

Answers worth two marks include:

**Smoking**

* Smoking affects vulnerable population groups disproportionately, with people living outside major cities and people from Indigenous and low socioeconomic backgrounds being more likely to smoke.

**Road safety**

* Road-related deaths and injuries affect some population groups disproportionately, including males, Indigenous Australians, people living outside of Australia’s major cities, those from low socioeconomic groups and young people.

**Skin cancer**

* Skin cancer is the most common type of cancer in Australia and is a leading type of cancer among young Australians. Most of these cancers can be prevented with lower levels of UV exposure.

c. Students receive four marks for making links between examples of health promotion and improved health status in relation to either smoking, road safety or skin cancer for a total of four marks. Note that students are not expected to memorise data and can make general statements in relation to health status. Students must use specific examples of health promotion in their response and make links to health status. Answers worth two marks include:

**Smoking**

* Banning smoking in public places has assisted in reducing the proportion of people who smoke and the rate at which people smoke. This has assisted in reducing mortality rates associated with smoking-related diseases such as lung cancer.
* Increasing tax on tobacco has contributed to reducing the number of young people taking up smoking. This assists in reducing the incidence of conditions such as respiratory diseases.
* Banning the display of tobacco products has contributed to reducing the rate of people taking up smoking which increases life expectancy as not as many people will die from smoking-related diseases.

**Road safety**

* Safer cars with features such as air bags, have meant that fewer people are seriously injured when accidents occur. This increases life expectancy as mortality rates from injuries are reduced.
* Drink-driving laws have contributed to fewer people consuming alcohol and then driving their vehicle. This has contributed to fewer car accidents and reduced morbidity and mortality from injuries.
* Speed cameras encourage drivers to slow down. Speed is major contributor to car crashes, so lower speeds mean fewer crashes and lower mortality rates from injuries.

**Skin cancer**

* The banning of solariums have contributed to reducing over exposure to UV radiation. This is a major risk factor for skin cancer, which means that the incidence of skin cancer is lower than it otherwise would have been.
* No hat, no play policies can prevent overexposure to UV which can reduce the rate of melanoma among young Australians. This assists in reducing mortality rates and increasing life expectancy.
* UV alerts can reduce exposure to UV as people know when UV is at its highest levels. This reduces the rate of skin cancers and mortality rates as a result.

**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 2, Task 2a (Part 1) – Structured Questions

**Marking sheet**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 2 |  |  |
| 1.b. | 2 |  |  |
| 1.c. | 4 |  |  |
| 1.d. | 4 |  |  |
| 2.a. | 2 |  |  |
| 2.b. | 3 |  |  |
| 2.c. | 2 |  |  |
| 3.a. | 2 |  |  |
| 3.b. | 4 |  |  |
| TOTAL | 25 |  |  |

Overall comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE: This assessment is a school-based assessment. It is therefore a preliminary result only. The total result for all School Assessed Coursework in the study will be statistically moderated against the GAT and the end-of-year examination results.**

**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 2, Task 2a (Part 2) – Structured Questions

**Marking sheet**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 4.a. | 4 |  |  |
| 4.b. | 2 |  |  |
| 4.c. | 2 |  |  |
| 5. | 6 |  |  |
| 6. | 4 |  |  |
| 7.a. | 1 |  |  |
| 7.b. | 2 |  |  |
| 7.c. | 4 |  |  |
| TOTAL | 25 |  |  |

Overall comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: This assessment is a school-based assessment. It is therefore a preliminary result only. The total result for all School Assessed Coursework in the study will be statistically moderated against the GAT and the end-of-year examination results.**