**HEALTH AND HUMAN DEVELOPMENT - 2020**

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 – 4

* + - 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 5 – 8

* + 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 – 4

* 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 5 – 8

* 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

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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.

• All written responses must be in English.

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**devices into the assessment room.**

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**Question 1** (5 marks)

The following graph shows the total DALY in 2003 and 2011 per 1 000 population according to fatal and non-fatal outcomes.

Source AIHW, 2018.

1. Outline the approximate change in the rate of DALY between 2003 and 2011. 1 mark

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1. Were fatal or non-fatal outcomes the main reason for this change? 1 mark

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1. Briefly explain how the biomedical model of health may have contributed to this change in burden of

disease. 3 marks

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**Question 2** (8 marks)

Old and new public health have made significant improvements in health status over time.

1. Outline two similarities and two differences between old and new public health. 4 marks

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1. Explain two ways that old public health has contributed to improvements in health status since 1900. 4 marks

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**Question 3**  (8 marks)

Three components of Australia’s health system are Medicate, private health insurance and the National Disability Insurance Scheme (NDIS).

1. Briefly outline two differences between Medicare and private health insurance. 2 marks

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1. Briefly explain how Medicare can promote health in relation to access. 3 marks

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1. Briefly explain how the NDIS can promote health in relation to equity. 3 marks

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**Question 4**  (4 marks)

The social model of health is a key component of health promotion.

1. What is meant by health promotion? 1 mark

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One of the principles of the social model works to improve health-related outcomes for disadvantaged

groups in society.

1. Identify the principle evident above. 1 mark

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1. Provide two examples of work that have been / could be implemented that relate to the principle

identified in part b. 2 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 5** (6 marks)

Young Mob is a positive youth development program for Indigenous youth that equips participants, aged from 10 to 20 years old, with cultural knowledge and values to strengthen their self-identity,

resilience and essential life skills.

Based in secondary schools in NSW and Victoria, it is delivered in partnership with schools, First

Hand Solutions Aboriginal Corporation (in NSW) and local stakeholders. Young Mob focuses on

experiential activities in school, community and on country led by Indigenous facilitators using

an Indigenous pedagogy\*. Supported by schools, the program provides a positive space for young

Aboriginal and Torres Strait Islander students to strengthen their links to culture. Evidence shows

that this is a crucial factor in their health and social and emotional wellbeing.

Students are taken through a series of tailored sessions focusing on topics including identity,

culture, resilience, social justice, public speaking, goal setting, health and others. They also participate

in extension activities such as camps, road trips, on-country visits and cultural exchanges engaging

with Elders and community members to grow their knowledge and strengthen their confidence.

Overall, Young Mob is working to strengthen confidence, improve school engagement and enrich

cultural identity and sense of pride to support Aboriginal and Torres Strait Islander students achieve their goals.

Source: World Vision, Australia Program, 2018.

\* **Pedagogy** – the method and practice of teaching

Evaluate the Young Mob program in relation to its ability to promote health and wellbeing.

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**Question 6** (9 marks)

A number of issues are targeted by health promotion in Australia.

1. Explain why certain issues are targeted by health promotion. 2 marks

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1. Identify an issue that has been the target of health promotion in Australia. 1 mark

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1. Describe two action areas of the Ottawa Charter and explain how each is reflected in health promotion initiatives designed to address the issue identified in part b. 6 marks

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**Question 7**  (4 marks)

Outline two similarities and two differences between the Australian Guide to Healthy Eating and the Healthy Eating Pyramid.

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**Question 8**  (6 marks)

According to the AIHW (2019), dietary risks were responsible for 7.3% of burden of disease in Australia in 2015.

1. Identify two Australian Dietary Guidelines and explain how each may contribute to a reduction of

burden of disease in Australia. 4 marks

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1. Outline two reasons why dietary change can be difficult to achieve in Australia. 2 marks

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**END OF QUESTION AND ANSWER BOOKLET**

**Extra space for responses**

**Clearly number all responses in this space.**

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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 outlining the approximate change in DALY rate between 2003 and 2011. Students can answer this in two ways:
* The rate of DALY changed from around 210 per 1000 in 2003 to around 190 per 1000 in 2011.
* The rate of DALY decreased by around 20 per 1000 between 2003 and 2011.

Note that some flexibility should be allowed for the interpretation of data.

b. One mark is awarded for identifying ‘fatal’.

c. Students receive three marks for discussing how the biomedical model may have contributed to the change in burden of disease. Note that this question is asking about the change between 2003 and 2011, so one part of the discussion must be about new treatments, increased knowledge or advances in technology to be eligible for full marks. Answers worth three marks include:

* There may have been improvements in relation to treating conditions that may cause death such as cancer. If people were able to access new treatments such as medicines, then there may have been fewer people that died as a result of these conditions. This could contribute to fewer YLL and therefore, a lower rate of DALY between 2003 and 2011.
* Medical technologies may have improved in that time and may mean that conditions could be treated more effectively. Medicines for example, may have improved to a point where some conditions that caused death in 2003, now have a better chance of being treated effectively. This can reduce mortality rates and the rate of DALY.
* Technologies such as genetic testing may have increased the ability of health workers to detect those at an increased risk of conditions such as cancer. This could mean that the chance of early detection is increased. Early detection can mean that appropriate treatments are administered earlier which can increase survival rates and decrease the rate of DALY.
1. a. Students receive one mark for each similarity and difference they outline for a total of four marks. Answers worth one mark include:

Similarities

* Both work to prevent ill-health.
* Both approaches target whole population groups.
* Both involve interventions put in place by governments to improve health outcomes.

Differences

* New public health focusses more on lifestyle diseases, whereas old public health had a primary focus on infectious diseases.
* New public health addresses broader determinants of health whereas old public health mainly focussed on the physical environment.
* New public health began in the mid-1970s, whereas old public health began in the 1800s (or early 1900s).

b. One mark is awarded for each example of old public health and another mark for each link to a change in health status for a total of four marks. 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 since 1900, 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 receive one mark for each difference they outline between Medicare and private health insurance for a total of four marks. Examples worth two marks include:
* Medicare covers all basic hospital expenses for public patients in public hospitals whereas private health insurance does not contribute anything.
* Medicare applies to all Australians whereas public health insurance only covers those who join and pay a premium.
* Medicare generally does not cover services such as physiotherapy whereas private health insurance can if people purchase extras.
* Medicare is administered by the Federal Government whereas private health insurance is run by private companies.
* Medicare will generally contribute to GP consultations whereas private health insurance usually doesn’t.

b. Students must show an understanding of Medicare whilst briefly explaining how it promotes health in relation to access. If students simply state ‘by subsidising doctor’s consultations’ one mark can be awarded. Students can link to either health and wellbeing or health status in their answer. In order to achieve three marks, three pieces of information should be included. Examples worth three marks include:

* By providing fee-free treatment in public hospitals, people of all socioeconomic groups can access necessary hospital treatments. This can assist in people receiving the treatment they need which can reduce the symptoms of disease which promotes physical health and wellbeing. It also means that more people can be treated for common conditions which can reduce morbidity rates.
* By subsidising telephone and video consultations, more people living in remote areas can access health services. This can increase the chance of diseases such as cancer being diagnosed and treated early. This can enhance treatment options and reduce mortality rates, increasing life expectancy.
* By providing subsidised doctor’s consultations, the fee becomes cheaper therefore increasing the ability of all people to access this service. This means that common conditions can be treated regardless of the ability of people to pay. This can reduce levels of stress as people can receive the treatment they need.
* Medicare provides access to pathology and x-rays. This means that if someone needs one of these tests, they are not restricted as a result of their income. As a result, more people can be diagnosed accurately which can enhance treatment and reduce levels of morbidity and mortality.
1. Students must show an understanding of the NDIS whilst briefly explaining how it promotes health in relation to equity. If students simply state ‘by providing assistive technology to those who need it’ one mark can be awarded. Students can link to either health and wellbeing or health status in their answer. In order to achieve three marks, three pieces of information should be included. Examples worth three marks include:
* The NDIS promotes equity as people are targeted who have extra needs in their life such as the need for assistive technology. This can increase the ability of people to engage with the community which can promote social connections and enhance social health and wellbeing. It also means that people can lead an ordinary life which can promote a sense of belonging.
* The NDIS provides support for people with disabilities. Those who experience more significant challenges in relation to their disability receive more support which promotes equity. This enables more people to access mainstream services such as health care which can reduce morbidity rates as people can receive treatment for common conditions.
* The NDIS is a health insurance scheme that assists people with permanent, serious disabilities to lead an ordinary life. This promotes equity as many eligible people may not be able to work otherwise. Being able to work can mean the individual has a sense of purpose in life which promotes spiritual health and wellbeing.
1. a. Students receive one mark for defining health promotion:

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

b. Students receive one mark for identifying ‘(acts to) reduce social inequities’. If students write inequalities instead of inequities, no mark is awarded.

c. Students receive one mark for each example they provide relating to the principle ‘reduce social inequities’. Note that if the student got part b. wrong, they cannot receive marks for this question. Answers should make reference to a population group that experiences disadvantage. Answers worth one mark include:

* Teaching Indigenous Australians about healthy eating.
* Assisting low SES groups to quit smoking.
* Providing job skills to the homeless.
* Assisting those living outside major cities in accessing health services.
* Providing those from non-English speaking backgrounds with health information in their language.
* Helping those with mental illnesses find suitable employment.
1. Students receive six marks for their evaluation of the program. Students can draw on a range of criteria to evaluate the program. Note that the criteria can be phrased as a question or statement. Principles of the social model of health and action areas of the Ottawa charter can be used to formulate a response, but in this instance, answers must relate to the ability to evaluate the program, not simply state what the concept relates to. They can make fewer points in more detail or more points in less detail. Answers worth three marks include:
* The program is culturally appropriate as it is led by Indigenous facilitators. This means that the target audience are more likely to feel that it caters to their specific needs as Indigenous Australians. By participating in the program, young people are likely to gain a greater sense of identity which can promote their sense of connection to their culture which enhances spiritual health and wellbeing.
* The program involves intersectoral collaboration as different groups are working together including schools and local stakeholders. This means that each group can bring their strengths to the program which enhances its efficiency. One of the topics covered is resilience which can promote emotional health and wellbeing.
* The program is working to reduce social inequities as Indigenous Australians often experience poorer health outcomes than other groups. This program therefore has the ability to promote physical health and wellbeing by tailoring sessions related to health which may include healthy eating. This can assist in providing adequate immune function which can reduce the risk of contracting infectious diseases.
* The program provides education through activities in school, community and on country. These skills include things like public speaking and goal setting. These skills can assist in employment in the future which can mean that people feel they have a sense of purpose in life which promotes spiritual health and wellbeing.
1. a. Students receive two marks for including two pieces of information relating to why certain issues are targeted by health promotion. Answers worth one mark include:
* Many issues can be addressed by behaviour change.
* They may be leading causes of death and disability in Australia.
* Health promotion has the ability to reduce the impact of a range of issues in Australia.
* Many issues in Australia affect some groups more than others and contribute to inequity.

Answers worth two marks include:

* There are many preventable risk factors for a number of issues and if they are targeted and reduced, the health system will be under less pressure.
* Many issues, such as road crashes, incur significant social and economic costs. Addressing them may mean that there is more money to put into other resources such as education and training.

b. Students can choose any issue that has been the target of health promotion in Australia (such as drug use, gambling addiction, violence etc), but most will choose from the following:

* Smoking
* Road safety
* Skin cancer

They may also choose a specific aspect of one of these issues such as:

* Sunburn
* Drink driving
* Driving and texting
* Second hand smoke

c. Students receive one mark for correctly identifying a priority area of the Ottawa Charter, a second mark for explaining it, and a third mark for explaining how each could be used to address the issue identified in part b. Students can only receive two marks per priority area if they do not explain what it relates to. Examples include:

* Develop personal skills: Quit has developed a range of resources to assist people in quitting smoking including training sessions and online support.
* Build healthy public policy: this relates to creating laws and policies that promote health. No hat, no play policies in schools work to reduce exposure to UV which may decrease the incidence of skin cancer.
* Strengthen community action: this relates to different groups and individuals in the community working together to achieve a common goal.
* Create supportive environments: This relates to creating physical and social environments that support health promotion. Reducing speed limits in school zones assists in creating a supportive physical environment as collisions are less likely to occur.
* Re-orient health services: This relates to focussing the health system on health promotion as opposed to just focussing on biomedical interventions. Health professionals such as doctors assist people in quitting smoking before diseases are present by providing advice on how to quit.
1. Students receive one mark for each similarity they outline and one mark for each difference for a total of four marks. Note that Answers worth one mark include:

Similarities

* They are both food section models that work to assist consumers in choosing healthy foods.
* They both show different food groups in their recommended proportions.
* They both recommend water as the main drink.
* They both show images of different foods belonging to each food group.

Differences

* The Australian Guide to Healthy Eating is a federal government intervention whereas the Health Eating Pyramid is by Nutrition Australia.
* The Heathy Eating Pyramid includes references to herbs and spices, the Australian Guide to Healthy Eating doesn’t.
* The guide shows discretionary foods in the bottom right hand corner whereas the pyramid makes no reference to these foods.
* The main part of the pyramid is a triangular shape, whereas the guide shows a circle.
1. a. Students receive one mark for each guideline they identify and another mark for linking it to a reduction in burden of disease for a total of four marks. 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 – maintaining a healthy body weight can reduce the risk of many diet-related diseases, as obesity is a risk factor for many. As a result, healthy body weight can reduce YLL and YLD associated with many conditions such as cardiovascular disease.
* Enjoy a wide variety of nutritious foods from the five groups every day – this will ensure fibre intake is adequate which can reduce overeating and the risk of obesity. Obesity is a risk factor for a range of conditions such as type 2 diabetes and some cancers and reducing the risk of these conditions would reduce overall DALY.
* Limit intake of foods containing saturated fat, added salt, added sugars and alcohol – reducing salt intake can assist in reducing rates of hypertension which can reduce premature death and YLL from heart attack and stroke.
* Encourage, support and promote breastfeeding – breastmilk contains antibodies which can reduce the risk of infectious diseases among children, reducing rates of YLD.
* 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, therefore reducing overall DALY.

b. Students receive one mark for each reason they outline relating to why dietary change can be difficult to achieve in Australia. No explanation is required in this response. Answers worth one mark include:

* People often lack time to prepare healthier meals due to work demands and caring for family members.
* An individual’s personal preferences have a significant impact on what they eat and can make dietary change difficult.
* People rely on the foods available to them and these may not always include healthier options.
* Dietary change is influenced by the skills that people have. Lack of cooking skills can prevent dietary change.
* Willpower can make dietary change difficult as people are often presented with a range of foods throughout their daily lives.

**HEALTH AND HUMAN DEVELOPMENT - 2020**

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

**Marking sheet**

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

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

**HEALTH AND HUMAN DEVELOPMENT - 2020**

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

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 5. | 6 |  |  |
| 6.a. | 2 |  |  |
| 6.b. | 1 |  |  |
| 6.c. | 6 |  |  |
| 7. | 4 |  |  |
| 8.a. | 4 |  |  |
| 8.b. | 2 |  |  |
| TOTAL | 25 |  |  |

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

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

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