

Name: \_\_\_\_\_ Class: \_\_\_\_\_



# Performance Test Evaluation Sheet (p. 45)

## 評価表

		Question Order	○ (2点)	△ (1点)	× (0点)
1	Ⓐ What is your name?	#1			
	Ⓑ What day is it today?	#2			
	Ⓒ What's the date?	#3			
		Choose 8 at random	○ (2点)	△ (1点)	× (0点)
2	Ⓐ When is your birthday?	#__			
	Ⓑ When do you study?	#__			
	Ⓒ Where is your classroom?	#__			
	Ⓓ Where do you live?	#__			
	Ⓔ Who is this?	#__			
	Ⓕ What is this?	#__			
	Ⓖ What do you have for lunch?	#__			
	Ⓗ How's the weather?	#__			
	① How do you come to school?	#__			
	② What (animal / sport / food) do you like?	#__			
	④ What time do you get up?	#__			
	⑤ How many pencils do you have?	#__			
<b>22</b>					

CRITERIA 評価基準	A	B	C
Clear, big voice (はっきりと聞こえる大きいな声)	3	2	1
Eye contact, facial expression (アイコンタクト・自然な笑顔)	3	2	1
Memorization (記憶)	3	2	1
Pronunciation (英語らしい発音)	3	2	1

**TOTAL (合計): /34**

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