



Presentation planning document

Session:

School number:

School name:

- Please retain a copy of this form either using the **Save As** function or by printing a copy.

- After completing this form it must be printed and then signed by the teacher and candidate(s) to confirm the authenticity of the work.

Candidate name:

Candidate session number:

Candidate name:

Candidate session number:

Candidate name:

Candidate session number:

Title of presentation:

CANDIDATE SECTION

Candidate responses on this form must be limited to a maximum of 500 words. It is not permitted to exceed the two sides of the candidate section.

Describe your real life situation:

State your central knowledge question (this must be expressed as a question):

Explain the connection between your real life situation and your knowledge question:

Please turn over

Outline how you intend to develop your presentation, with respect to perspectives, subsidiary knowledge questions, arguments, etc. Responses below can be presented in continuous prose or as bullet points:

Show how your conclusions have significance for your real life situation and beyond:

I certify that the presentation and the above plan is my/our own work.

Candidate's signature:	<input type="text"/>	Date:	<input type="text"/>
Candidate's signature:	<input type="text"/>	Date:	<input type="text"/>
Candidate's signature:	<input type="text"/>	Date:	<input type="text"/>

Please turn over

TEACHER SECTION

Enter your mark (0-10) for this presentation:

Provide **comments** to support your assessment of the presentation:

I certify that the plan and the presentation were, to the best of my knowledge, the work of the presenters named (with permitted teacher support).

Teacher's name:

Date:

Signature: