



## **CERTIFICATE IN EDUCATIONAL ASSESSMENT (CEA)**

This CEA programme will focus on Primary English (Writing and Reading) and is designed for English Language teachers in Singapore primary schools. It aims to equip teachers with knowledge and skills to apply assessment principles and concepts in assessing Primary English Language curriculum, specifically in the areas of Writing and Reading.

<b>Dates</b>	<b>Time</b>	<b>Venue</b>
28 June 2017 – 5 July 2017 ( 5 full days)	9.00 am – 5.00 pm	Singapore Examinations and Assessment Board 298 Jalan Bukit Ho Swee Singapore 169565 Block D, Training Room D1-4
13 September 2017	9.00 am – 5.00 pm	

### **2017 CEA Programme**

<b>Period</b>	<b>Programme</b>
<b>28 Jun – 4 Jul 2017</b>	Units 1 – 3
<b>Jul – Sep 2017</b>	Plan and complete assignment to be presented as a 20-minute PowerPoint presentation
<b>13 Sep 2017</b>	Presentation seminar
<b>31 Oct 2017</b>	Submission of reflective essay



## CERTIFICATE IN EDUCATIONAL ASSESSMENT (CEA)

### REGISTRATION FORM

Please return the completed form by mail or fax to 6377 4229 to Assessment Services Division, Singapore Examinations and Assessment Board by **Friday, 31 March 2017.**

<b>Name of Organisation/School:</b>	
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Full Name	Designation	Email	No of years teaching English Language

### FEE

The fee for the programme is \$1,500 (before GST) per participant.

### AUTHORISATION

Please register the above-mentioned person(s) for the course. I confirm that the course fee will be paid by my organisation/school.

SEAB will invoice the organisation/school based on the number of registered person(s) attending the course. Participant(s) who have registered but absent from the course will also be charged the same course fee.

Name of Organisation / School's course coordinator:	Signature & Date:
Designation:	Organisation / School stamp:



**SINGAPORE EXAMINATIONS AND ASSESSMENT BOARD**  
298 Jalan Bukit Ho Swee, Singapore 169565  
<http://www.seab.gov.sg>

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**PLEASE COMPLETE THE FOLLOWING FOR BILLING PURPOSE:**

Name of Organisation/School: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Tel No / Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_