

MINISTRY OF EDUCATION



ANTIGUA AND BARBUDA

2014 GRADE SIX NATIONAL ASSESSMENT

LANGUAGE ARTS – PAPER 1

June 04, 2014

35 Marks

1 Hour and 30 Minutes

Student ID: _____

Fill in your ID immediately.

Do not write in the space below. For official use only

Sections		Marked by:	Checked by:
1. Composition	15 marks		
Narrative			
Descriptive			
Expository			
2. Letter Writing	12 marks		
3. Form Filling	08 marks		
Total	35 marks		

SECTION 1

COMPOSITION

(15 Marks)

Write a composition on any **ONE** of the following topics listed below. You must write at least 200 words. Pay close attention to grammar, spelling, punctuation and paragraphing.

Narrative

1. Write a story telling how you received special recognition for something you had done.
2. Write a story which ends with this line "I left the room with tears streaming down my face".

Descriptive

3. The sights, sounds and activities of a special family celebration
4. We sometimes meet people who amuse us by the way they behave, things they say or how they look. Describe one such person.

Expository

5. Discuss **three** ways in which tourism benefits Antigua and Barbuda.
6. Explain **three** ways in which land pollution could be reduced in Antigua and Barbuda.

Write your composition on these lines.

SECTION 2 **LETTER WRITING** **(12 Marks)**

Choose **ONE** of the following situations and write a letter.

1. Your class is going on a field trip and you got permission to invite someone. Write a letter to a friend inviting him/her to go with your class on the field trip.

2. There is a very poor family in your neighbourhood. Write a letter to your principal requesting permission for your class to collect items for a care package to give to this family.

3. You wrongly accused a friend of taking something that was not his/hers. Write a letter of apology to your friend.

SECTION 3

FORM FILLING

(8 Marks)

Complete the form in order to become a contestant in your school's cooking competition. All contestants must have at least one parent or guardian sponsor.

COOKING COMPETITION



Name: _____

SURNAME

FIRST

Date of Birth: _____

YEAR

MONTH

DAY

Age Group: 8-9 10-12 13 and above

Sponsor: _____

Tick your selections. All contestants must enter **Category 5** and any other **two**. For each of the categories selected, contestants must **not** tick more than two items.

1. Cookies <input type="checkbox"/>	2. Sweets <input type="checkbox"/>	3. Desserts <input type="checkbox"/>	4. Meats <input type="checkbox"/>	5. Drinks <input type="checkbox"/>
<input type="checkbox"/> Rolled	<input type="checkbox"/> Fudge	<input type="checkbox"/> Cakes	<input type="checkbox"/> Jerked	<input type="checkbox"/> Punch
<input type="checkbox"/> Dropped	<input type="checkbox"/> Sugar cake	<input type="checkbox"/> Pies	<input type="checkbox"/> Baked	<input type="checkbox"/> Smoothies
<input type="checkbox"/> Square	<input type="checkbox"/> Tamarind Balls	<input type="checkbox"/> Puddings	<input type="checkbox"/> Barbeque	<input type="checkbox"/> Shakes

Signature _____ Date _____