

Group Conversation Exam (GCE) Evaluation Form

Your name: _____ Class: _____

Group 1

C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___

Group 2

C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___

Group 3

C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___

Group 4

C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___

Group 5

C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___

Group 6

C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___	C ___ U ___ P ___ S ___