

Assessment illness/misadventure form

This form must be submitted before 8.50am to the appropriate Head Teacher (for in class exams or hand in assessment tasks) or Deputy Principal (for formal end of year exams) **on the day you return to school** (email is acceptable). Please attach any supporting documentation, including medical certificate for illness. **This form is also available on the school website and in hard copy.**

Student name: _____ Year: _____

Subject and Class Teacher: _____

Title of task: _____

Original due date of task: _____

Applications may be in respect of (please select one option):

Task (tick box)

- Hand in
- In-Class task
- Examination period
- Speech/performance
- Other _____

(A) **illness or injury** – that is, illness or physical injuries suffered directly by the student which allegedly affected the student's performance in an assessment (e.g., influenza, an asthma attack, a cut hand).

OR

(B) **misadventure** – that is, any other event beyond the student's control which allegedly affected the student's performance in an assessment (e.g., death of a friend or family member, involvement in a traffic accident, isolation caused by a flood).

Unacceptable grounds for appeal

The application process does **not** cover:

- attendance at a sporting or cultural event, or family holiday
- alleged inadequacies of teaching or long-term matters relating to loss of preparation time, loss of study time or facilities.
- disabilities for which the school has already granted disability provisions, unless an unforeseen episode occurs during the assessment period (e.g., a hypoglycaemic event suffered by a diabetic student or a student who has been isolated but is still ill) or further difficulties occur, the authenticity of which is supported by the Principal.

Note: A student who has suffered an injury such as a broken writing arm immediately before an assessment (e.g., test) will require careful consideration as the student generally will not have had sufficient time to practise with the provision(s) granted.

- long-term illness such as glandular fever, asthma, epilepsy – unless the student suffered a 'flare-up' of the condition immediately before or during an assessment period
- matters avoidable by the student (e.g., misreading of timetable; misinterpretation of examination paper).

Parent/caregiver signature: _____ Date: _____

Student signature: _____ Date: _____

This application process is as per NESA expectations and standards. This form, once completed, will be placed in the student's central file.

Head Teacher/Deputy Principal Use Only:

Supporting evidence (attached): Yes No

Special consideration accepted: Yes No

Action taken: _____

Head Teacher/Deputy Principal signature: _____ Date: _____