



## ILLNESS, MISADVENTURE, ALTERATION TO TASK FORM

(Must be submitted within 3 school days of the assessment task)

Submit to Deputy Principal for consideration by the ROSA / HSC Committee

**SECTION A: Student is required to complete this page and submit to the Deputy Principal prior to the misadventure or alteration being approved/not approved.**

NAME: \_\_\_\_\_ YEAR: 10 / 11 / 12

SUBJECT: \_\_\_\_\_ DATE SUBMITTED TO DEPUTY PRINCIPAL: \_\_\_\_\_

TASK NAME: \_\_\_\_\_ DUE DATE OF ASSESSMENT TASK: \_\_\_\_\_

### TYPE OF ASSESSMENT TASK:

- Examination       Topic or Unit Test       Research Activity       Practical Test  
 Oral Presentation       Field Work       In Class Task  
 Other \_\_\_\_\_

### REASON FOR APPLICATION:

Documentary evidence must be provided, except in exceptional circumstances.

- Illness       Misadventure       Work Placement       Travel  
 Other \_\_\_\_\_

*Student is to write an explanation of their reasons. (State sufficient details to support your case for consideration):*

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### SUPPORTING DOCUMENTS (Please attach)

- Medical Certificate       Statutory Declaration       Other: \_\_\_\_\_

Name of Doctor / Justice of the Peace: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: Student to write their name and teacher and then submit to Head Teacher**

**STUDENT NAME:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_

*To be considered by the Head Teacher to make comment below and return to the Deputy Principal prior to the misadventure/Alteration being approved / not approved.*

**HEAD TEACHER:** \_\_\_\_\_

Number of days late: \_\_\_\_\_ Maximum mark for task: \_\_\_\_\_

**Comment:**

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Head Teacher Signature: \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION C: To be completed by ROSA/HSC ASSESSMENT REVIEW PANEL**

Decision:      Approved / Not Approved

- Outcome:     Sit task alternative time as advised by Head Teacher       Estimate
- Alternative task       Adjust marks accordingly
- Submit task at alternative time as advised by Head Teacher

Comment:

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**Deputy Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Notification to Teacher and Head Teacher on Sentral
- Copy to Student
- Original in student file



## REQUEST FOR ASSESSMENT REVIEW FORM

Date of Assessment Task: ..... Course: ..... Teacher: .....

Task Number: ..... Date Submitted to Deputy Principal: .....

Task Name: .....

Student name: ..... Year 10  Year 11  Year 12

I hereby apply for a review of the above Assessment. My reasons for requesting a review are:

*(Student is to write an explanation of their reasons)*

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Student signature: ..... Date: ...../...../.....

*Completed form to be handed to Deputy Principal for FINAL DECISION to be made by the ROSA/ HSC Assessment Review Panel*

### RECORD OF DECISION *(Office use only)*

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*I have noted the above request and HAVE / HAVE NOT granted the review as per above.*

Deputy Principal signature: ..... Date student notified: .....

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### TO BE COMPLETED BY THE ROSA/HSC ASSESSMENT REVIEW PANEL *(If Required)*

Scheduled Meeting Date: ...../...../..... Venue: .....

- Uphold the appeal
- Dismissing the appeal

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Deputy Principal: ..... Faculty Teacher: .....

Head Teacher: ..... Date: ...../...../.....