



ASSESSMENT TASK ILLNESS / MISADVENTURE APPEAL

Section A

- Attendance the day before a task is due and the day a task is due is compulsory.
- Is this to explain absence the day before a task? Yes No (tick relevant box)

Student Name: _____ Year: 11 12

Subject: _____ Teacher _____

Date of Task: _____

Did you complete the task on the due date? Yes No

Section B

This form is to be submitted if you were unable to complete an Assessment Task / Examination due to an unforeseen illness or misadventure. Alternatively you completed the Task / Examination on the scheduled date but were affected by illness / misadventure.

You cannot submit an appeal on the basis of:

- difficulties in preparation or loss of preparation time including difficulties experienced with computers
- insomnia or exam stress
- the same grounds for which you received special exam provisions – unless you have experienced additional difficulties during a task
- misreading the exam or exam instructions

The illness / misadventure application is limited to matters pertaining to the conduct and presentation of the missed task only. Consequently, students may only appeal in relation to circumstances that occur immediately before the task in question. **Note: A separate Illness / Misadventure appeal form must be completed for EVERY missed task and must be received within 3 school days after the due date of the Assessment Task / Examination.**

Section C

Student Statement

Describe how the illness / misadventure has prevented you from completing the task by the due date and/or sitting for the assessment task.

Section D

Independent evidence of Illness: to be completed by a Medical Practitioner

- Please print clearly in black or blue pen only

Diagnosis of medical condition: _____

Date of onset of illness: _____

Date(s) and times(s) of all consultations / meetings relating to this illness _____

Please describe how the student's condition / symptoms could affect their examination/assessment performance. (If the student was **unable to attend** an examination, it is essential that you provide full details in the space provided or on additional sheet(s) and attach them to the application.

Any other comments or information which may assist in the assessment of the student's appeal. (If there is not enough space, please attach additional sheets)

Please note that any fee for providing this report is the responsibility of the student.

Name of Doctor or other Health Professional providing this information:

Profession: _____ Place Of Work: _____

Address: _____

Contact Number: _____ Signature _____

Independent evidence of misadventure: to be completed by a relevant person such as a Police Officer

Date of misadventure: _____

Were you a witness to the event? Yes / No
If no, how did you obtain the evidence you are providing _____

Are you known to the student? Yes / No
If Yes, nature of relationship _____
Description of event _____

Name _____ Phone: _____
Profession: _____ Place of Work _____
Address: _____
Signed _____ Date _____

Section E

OFFICE USE ONLY

Illness / Misadventure Appeal

Upheld Denied

Signed:

Academic Dean of Students: _____

Date: _____

Notification

Teacher:

KLA Coordinator: