

Illness/Misadventure Appeal Form

An illness/misadventure form must be submitted in the following instances:

- A student **knows in advance** of an assessment task that they will be absent
- A student is unexpectedly and genuinely absent **in the lead up to or on the due date** of an assessment task
- A student has **reasonable grounds to appeal** the decision of an assessment result

In the case of a genuine absence, the completed and signed form must be submitted within 5 school days (or on return to school).

Illness/Misadventure Details – student or parent to complete then submit to classroom teacher

Student name: _____ Class: _____ Teacher: _____

Subject: _____ Due date of task: _____ Date form is submitted: _____

What is the task? _____

1. Why are you submitting this form? Indicate one of the following:

- I was genuinely absent on the day of my assessment task (evidence from parent required)
- I know in advance that I will be absent on the due date for my assessment task (evidence from parent required)
- I will be/was involved in a school based commitment which meant I will be/was genuinely absent on the day of my assessment task (evidence from supervising teacher required)
- I have had an extended absence in the lead up to my assessment task (evidence from parent required)
- I have genuine grounds to appeal my assessment task result (*Your form will go to a panel for a decision*)

Please outline details relating to absence and attach any additional evidence: (ie illness, family holiday, approved leave)

2. What am I requesting? Indicate one of the following: (request will be circled if approved)

I am requesting an alternate date to complete task	HT Decision	Approved / Not Approved Notes:
I am requesting NO PENALTY due to late submission	HT Decision	Approved / Not Approved Notes:
I am requesting an extension or alternate task	HT Decision	Approved / Not Approved Notes:
I am requesting my task is reviewed/remarked	HT Decision	Approved / Not Approved Notes:

Parent signature: _____ Date _____ Contact number: _____

SCHOOL USE ONLY: Teacher name: _____ Signature: _____ Date: _____

Illness/Misadventure Decision – to be detached and returned to student

Student name: _____ Class: _____ Teacher: _____

Task: _____ HT signature: _____ Date: _____

Decision: **Approved / Not Approved**

Classroom Teacher Recommendation – CT to complete before submitting to Head Teacher

Please ensure recommendations uphold the faculty and school assessment policy to ensure fairness to all students. Sufficient evidence in the form of a parent explanation and signature is required.

- No penalty and alternate date to complete - please specify new date _____
- Reduced penalty – please specify _____
- Extension granted – please specify new date _____
- Alternate /differentiated task – please specify _____
- Additional support (ie EEE referral, special provisions) – please specify _____
- Estimate for task (can only be provided in Year 10 based on a comparable class task being administered by CT)
- Resubmission or remarking of task – please specify _____
- APPEAL NOT TO BE UPHELD - please specify _____

Please indicate if the student has *already* completed/submitted the task: YES NO

CT name: _____ CT signature: _____ Date: _____

Please ensure all sections of the form are completed before submitting to the HT.

Head Teacher Notes

- Accept the recommendation of the class teacher (satisfied with evidence provided)
- Reject the recommendation of the class teacher
- Other outcome

Notes:

Head Teacher signature: _____ Date: _____