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 48 hours of return to school.

MISADVENTURE/ILLNESS DETAILS - (Student/Parent to complete then submit to Classroom Teacher)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due date of task: \_\_\_\_\_\_\_\_\_\_\_ Date Form 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/Carer required)

I know in advance that I will be absent on the due date for my assessment task (evidence from Parent/Carer required)

I will be/was involved in a school-based commitment which meant that I will be/I 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/Carer required)

I have genuine grounds to appeal my assessment task result (your form will go to a panel for a decision)

Please outline details relation to absence and attach any additional evidence (i.e. illness, family holiday, approved leave)

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

|  |  |  |
| --- | --- | --- |
| Alternate date to complete the task | HT Decision | Approved/Not Approved Notes: |
| NO PENALTY due to late submission | HT Decision | Approved/Not Approved Notes: |
| An extension or alternate task | HT Decision | Approved/Not Approved Notes: |
| My task reviewed / remarked | HT Decision | Approved/Not Approved Notes: |

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School-related business – Supervising Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

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

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Task: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HT Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No penalty and alternate date to complete – please specify new date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Reduced penalty – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Extension granted – please specify new date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Alternate/ differentiated task – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Additional Support (i.e. EEE Referral, special provisions) – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Estimate for task (can only be provided in Yr 10 based on a comparable class task being administered by CT)

No

Resubmission or remarking of task – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

APPEAL NOT TO BE UPHELD – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

No

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

No

Accept the recommendation of the class teacher (satisfied with evidence provided)

No

Reject the recommendation of the class teacher

No

Other outcome

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Head Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_