

YEAR 9-12 ASSESSMENT FORM

(For Illness / Misadventure / Extensions / Appeals)



Name: Homeroom: Course(s): Teacher(s): Due date of task: dd/mm/yy Today's Date: dd/mm/yy Documentation Provided: <input type="checkbox"/> Medical Certificate Attached <input type="checkbox"/> Hand-in task attached <input type="checkbox"/> Other Documentation:	TYPE OF ASSESSMENT TASK
	<input type="radio"/> Hand-in
	<input type="radio"/> Examination
	<input type="radio"/> Oral / Performance
	<input type="radio"/> Other
	THIS FORM IS TO:
	<input type="radio"/> Explain an Illness
	<input type="radio"/> Explain a misadventure
	<input type="radio"/> Apply for an Extension of the Due Date.
	<input type="radio"/> Appeal a mark
<input type="radio"/> Explain an absence prior to an Assessment task.	

Outline the reasons for the submission of this form:	
Student Signature: _____ Parent Signature: _____ Date: ____/____/____ Date: ____/____/____	

ON THE DAY YOU RETURN TO SCHOOL:

BRING THE COMPLETED FORM AND MEDICAL CERTIFICATE TO BE ACKNOWLEDGED BY LEADER OF STUDIES, THEN TAKE FORM TO RELEVANT KLA LEADER OF LEARNING.

-SCHOOL USE ONLY-

ACTION FROM LEADER OF STUDIES <input type="checkbox"/> Medical Certificate Attached <input type="checkbox"/> Noted on Misadventure Register Signature: _____ Date: ____/____/____	Date Received: ____/____/____ <input type="checkbox"/> Upheld <input type="checkbox"/> Denied
ACTION FROM KLA LoL: <input type="checkbox"/> Task Completed. Date: ____/____/____ Signature: _____ Date: ____/____/____	
ACTION FROM CURRICULUM OFFICE: <input type="checkbox"/> Misadventure form Scanned, uploaded to Compass and Leader of studies and KLA LoL included in notification chain in chronicle entry. <input type="checkbox"/> Original to Student file.	Date Received: ____/____/____ Signed: _____
APPEALS COMMITTEE MEETING OUTCOME: Signature: _____ Date: ____/____/____	<input type="checkbox"/> Upheld <input type="checkbox"/> Denied