

### 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 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*)

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

\_\_\_\_\_

\_\_\_\_\_

3. **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 <b>Notes:</b>
I am requesting <b>NO PENALTY</b> due to late submission	HT Decision	Approved / Not Approved <b>Notes:</b>
I am requesting an extension or alternate task	HT Decision	Approved / Not Approved <b>Notes:</b>
I am requesting my task is reviewed/remarked	HT Decision	Approved / Not Approved <b>Notes:</b>

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_ Contact number: \_\_\_\_\_

Supervising teacher signature (for school related business): \_\_\_\_\_ Date: \_\_\_\_\_

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

Student name: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Task: \_\_\_\_\_ HT signature: \_\_\_\_\_ Date: \_\_\_\_\_

Decision: **Approved / Not Approved** \_\_\_\_\_



RESPECT

RESPONSIBILITY

EXCELLENCE

### Classroom Teacher Recommendation – CT to complete before submitting to HT

*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 Yr 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: \_\_\_\_\_