



Koorringal High School - Assessment Extension Application

This form must be submitted to the appropriate Head Teacher **prior to the due date** (emailed is acceptable). Please attach any supporting documentation.

Student name: _____ Year: _____

Class Teacher: _____ Subject: _____

Title of task: _____

Original due date of task: _____

Applications may be in respect of (please select one option):

- Work placement** – that is, you have attended work placement in the time leading up to the due date of the assessment task which has allegedly impacted on your ability to complete the assessment;
- OR
- Other** – that is, any other event that has allegedly affected your ability to complete an assessment by the due date or on the due date.

Reason: _____

Unacceptable grounds for an extension to be granted

The application process does **not** cover:

- attendance at a sporting, cultural event or family holiday
- alleged inadequacies of teaching or long-term matters relating to loss of preparation time, loss of study time or facilities.
- disabilities for which the school has already granted disability provisions, unless an unforeseen episode occurs during the assessment period (e.g. a hypoglycaemic event suffered by a diabetic student or a student who has been isolated but is still ill) or further difficulties occur, the authenticity of which is supported by the Principal.

Note: A student who has suffered an injury such as a broken writing arm immediately before an assessment (e.g. test) will require careful consideration as the student generally will not have had sufficient time to practise with the provision(s) granted.

- long-term illness such as glandular fever, asthma, epilepsy – unless the student suffered a 'flare-up' of the condition immediately before or during an assessment period
- matters avoidable by the student (e.g. misreading of timetable; misinterpretation of examination paper).

Parent/caregiver signature: _____ Date: _____

Student signature: _____ Date: _____

This application process is as per NESAs expectations and standards. This form, once completed, will be placed in the student's central file.

Head Teacher Use Only: Decision

Supporting evidence (attached). Yes No

Special consideration accepted: Yes No

Action taken: _____

Head Teacher: _____ Signature: _____ Date: _____