



Koorungal High School - Assessment illness/misadventure form

This form must be submitted to the appropriate Head Teacher **on the day you return to school** (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):

(A) **illness or injury** – that is, illness or physical injuries suffered directly by the student which allegedly affected the student's performance in an assessment (e.g. influenza, an asthma attack, a cut hand);

OR

(B) **misadventure** – that is, any other event beyond the student's control which allegedly affected the student's performance in an assessment (e.g. death of a friend or family member, involvement in a traffic accident, isolation caused by a flood).

Unacceptable grounds for appeal

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 NESA expectations and standards. This form, once completed, will be placed in the student's central file.

Head Teacher Use Only:

Supporting evidence (attached). Yes No

Special consideration accepted: Yes No

Action taken: _____

Head Teacher: _____ Signature: _____ Date: _____