



San Clemente High School, Mayfield

Assessment - Illness/Misadventure/Variation Form

Please complete, sign and submit this form to the relevant Teaching and Learning Coordinator.

Tick one of the following boxes:

Illness/Misadventure – Unforeseen absence on the day of a task

Submit this form on the **FIRST** school day of attendance after the due date of the task.

Illness/Misadventure – During an assessment task

Submit this form on the **DAY OF THE TASK** or the **FIRST** school day of attendance after the task.

Assessment Variation – Extension request for task submission

Submit this form at least **FIVE SCHOOL DAYS** prior to the due date of the task.

Assessment Variation – Change of date for in-class task (foreseen absence)

Submit this form at least **FIVE SCHOOL DAYS** prior to the due date of the task.

SECTION ONE: To be completed by the Student:

Name: Mentor:.....

Course: Assessment Task Number:

Due Date: Class Teacher:.....

Reason for the submission of the Illness/Misadventure/Variation Form:

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The following actions **MUST** be completed by the student (please tick each box once finalised):

Supporting Parent/Guardian statement:

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Appropriate independent evidence attached (e.g. Medical certificate, funeral notice) – **YEAR 9 and 10 only**

Signed: (Student) Date:

Signed: (Parent/Carer) Date:

SECTION TWO: To be completed by the Assessment Review Committee:



- Application upheld – Student to attempt task on a date specified by the TLC.
- Application upheld – Student to attempt substitute task on a date specified by the TLC.
- Application upheld – Extension of time granted; new due date.....
- Application upheld – Student to be awarded the higher result of their original attempt or the estimate of the TLC.
- Application declined

Reason:

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Assessment Review Committee Representative:

Date:

The Teaching and Learning Coordinator will forward copies of this page to the class teacher and student after a determination has been made.



STAFF USE ONLY

SECTION THREE: To be completed by the Classroom Teacher:

Recommendation:

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Teacher Signature: Date:

SECTION FOUR: To be completed by the Teaching and Learning Coordinator:

Recommendation:

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Teaching and Learning Coordinator Signature:

.....Date.....