

# SDEHS Assessment Task Form

Tick either 1 or 2

**1.  Illness or Misadventure or Extraordinary Circumstances Application**

This form must be submitted to the Head Teacher of the course by email, as early as possible and not later than the submission date.

**OR**

**2.  Appeal against a task result**

This form must be submitted to the Head Teacher of the course by email, within 7 days of notification of the result.

Section1: To be completed by supervisor and student	
Student name _____	Year _____
Course _____	Task no. _____ Submission date _____
<b>Explain the reason for this application</b>	
<p>Supporting documentation must be attached <i>(please tick)</i>      <input type="checkbox"/> Doctor's certificate      <input type="checkbox"/> Other</p>	
<b>Supervisor name</b> _____	<b>Date</b> _____

Section2: To be completed by Head Teacher	
<input type="checkbox"/> Extension of time without penalty	Revised submission date _____
<input type="checkbox"/> Substitute task	Revised submission date _____
<input type="checkbox"/> Zero mark awarded. Task to be completed for demonstration of outcomes	Revised submission date _____
<b>Explanation</b>	
<b>Head Teacher name</b> _____	<b>Date</b> _____
<p><b>Right of appeal to Assessment Review Panel:</b> A student and/or supervisor has the right to appeal this decision, within 7 days of its notification. To appeal, the student and/or supervisor must submit this form PLUS a written response stating the grounds for appeal, to the course Head Teacher. The decision of the panel is final.</p>	

Section 3: To be completed by Assessment Review Panel	
<b>Assessment Review Panel decision</b>	
<input type="checkbox"/> Appeal upheld <input type="checkbox"/> Estimate given based on evidence <input type="checkbox"/> Alternate task to be provided <small>(The estimate will not be finalised until the end of the course based on performance across the course)</small>	Revised submission date _____
<input type="checkbox"/> Appeal denied <b>ZERO</b> mark awarded. Task to be completed for demonstration of outcomes	
<input type="checkbox"/> Other	
<b>Explanation</b>	
<b>Signed</b> _____	<b>Date</b> _____