

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.	Due date
Explain the reason for this application		
Supporting documentation must be attached (please tick) <input type="checkbox"/> Doctor's certificate <input type="checkbox"/> Other		
Supervisor name	Date	

Section2: To be completed by Head Teacher

<input type="checkbox"/> Extension of time without penalty	Revised due date
<input type="checkbox"/> Substitute task	Revised due date
<input type="checkbox"/> Zero mark awarded. Task to be completed for demonstration of outcomes	Revised due date
Explanation	
Head Teacher name	Date
Right of appeal to Assessment Review Panel: A student and/or supervisor has the right to appeal this decision, within 7 days of its notification. To appeal, the 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.	

Section 3: To be completed by Assessment Review Panel

Assessment Review Panel decision	
<input type="checkbox"/> Appeal upheld	
<input type="checkbox"/> Task to be marked without penalty	
<input type="checkbox"/> Substitute task to be provided	Revised due date
<input type="checkbox"/> Appeal denied	
ZERO mark awarded. Task to be completed for demonstration of outcomes	Revised due date
<input type="checkbox"/> Other	
Explanation	
Signed	Date