



ROSA and HSC Student Assessment Appeal Form (LNS212a)

Student Name: _____

Class: _____

Subject the Assessment Appeal is in relation to: _____

Subject Teacher: _____

Subject Coordinator (if different to classroom teacher): _____

Type of Task:

- Hand in Exam / test Oral / performance
- Work placement Other: _____

The reason the student did not complete the assessment was because of:

- Illness Misadventure Request for Extension
- Other: _____

Type of evidence to support application for appeal (*attach this evidence*):

- Medical Certificate
 Hospital Certificate
 Police Event Number
 Insurance Reports
 Booklets and records of special events
 Records of travel e.g. flight tickets
 An Exemption from Attendance at School Certificate (dependent on the conditions agreed to in the issuing of the Certificate)
 Other documented evidence *may* be considered: _____

Student signature: _____ date: _____

Parent / Carer signature: _____ date: _____

Note: this appeal form will not be considered unless signed and dated by the parent / carer.

ROSA and HSC Student Assessment Appeal Action

This section is to be completed by the teachers after the Form is submitted by the student

Student Name: _____

Class: _____

Subject the Assessment Appeal is in relation to: _____

Date this Form was received from the student: _____

Action that is recommended by the Subject teacher:

Action that is recommended by the Subject Coordinator (where the coordinator differs from the Subject Teacher):

Decision of the High School Staff Meeting regarding this action:

Final Decision:

Appeal granted

Appeal denied

Confirm that the student has been notified within 5 school days from the date of receiving this Form?

Who will notify the student of the outcome of this appeal? _____

File this form in the ROSA/HSC Folder