



Special Consideration Request (Single Subject)

Instruction to Parents/Carers:

Illness/misadventure requests will be considered on the following grounds:

Illness or diagnosed medical condition: If your child was sick or injured you must include a medical certificate to cover the test / assessment date **and** the *Illness Supporting Documentation* form (Section B) completed by your medical practitioner.

Misadventure: An accident or incident affecting your child's performance either in school assessments or in the test. You must include documentary evidence wherever possible **and** the *Independent Evidence of Misadventure* form (Section C) completed by your professional authority.

Note: Computer downtime, printer failure or other such technological difficulties will not represent grounds for Special Consideration. Students are encouraged to produce updated hard copy or back-ups each time they work on an Assessment Task.

Return the completed Special Consideration Request and Illness/Misadventure form, with supporting documents, to the Director of Teaching & Learning by 3.00pm within five school days of the due date of the assessment task or within two school days upon returning to school (if more than 5 days).

Scanned to PDF and emailed to: lboyd@eac.nsw.edu.au
OR directly handed to: Lee Boyd
Director of Teaching & Learning

Complete Section A and take this application with you to the professional authority providing supporting documentation. If the professional authority provides supporting documentation, they must complete Section B for an illness or Section C for a misadventure.

SECTION A

Student Name:

Course:

12 11 10 9 8 7

(tick one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Course Name:

Year:

Task Missed:

% Value:

OR

Task Attempted:

% Value:

Date Due/Scheduled:

Teacher's Name:

Student statement outlining details of impact on performance:
(Describe how illness or unforeseen misadventure affected your performance or prevented your attendance.)

Documentary Evidence Attached:

Yes

No

If yes, complete **SECTION B - Illness Supporting Documentation** or **SECTION C - Independent Evidence of Misadventure**, in consultation with the professional authority providing documentation.
Take this form with you to the professional authority providing documentation.

1. Student's Signature: Date:

2. Parent's Signature: Date:

3. Class teacher's comment: (optional)

4. This completed form is now to be handed to the Director of Teaching & Learning by 3.00pm within five school days of the due date of the assessment task or upon returning to school (if more than 5 days).

Leader of Curriculum Determination:

- Task to be accepted without penalty
- Penalty to be applied
- Penalty to be applied (25% of task value per school day) Number of days late: _____
- Missed task to be completed on _____ (date)
- Alternative task to be completed on / by _____ (date)
- An estimate to be awarded
- A zero mark or a Not Completed Grade to be awarded
- Extension granted New Due Date: _____

Leader of Curriculum _____ (signature) _____ (date)
 Director of Teaching & Learning _____ (signature) _____ (date)

- 5. **Student** acknowledgement of Leader of Curriculum determination
 _____ (signature) _____ (date)
- 6. **Parent** acknowledgement of Leader of Curriculum determination
 _____ (signature) _____ (date)

You will be informed of this decision within 5 school days of lodgement of this Special Consideration Request.

IF YOU ARE NOT SATISFIED WITH THE DETERMINATION, YOU MAY APPEAL IN WRITING TO THE LEADER OF CURRICULUM FOR THE COURSE WITHIN FIVE SCHOOL DAYS OF RECEIVING THE RESULT OF THIS APPLICATION.

Original filed in Teaching & Learning office

Recorded in Register by Leader of Curriculum

Parent/Student emailed with determination