



ILLNESS – MISADVENTURE APPEAL FORM

Illness-Misadventure appeal procedures at Smith's Hill High School are based on BOSTES rules. Illness-Misadventure appeals can apply to all types of assessment tasks used to calculate the School-based Assessment mark and rank. Students who become ill or suffer a misadventure (eg. accident, family bereavement) that may adversely affect performance in an examination or assessment task are entitled to submit an Illness-Misadventure Appeal.

Students must complete this form if they

- ⇒ are absent on the day of an exam or assessment task
- ⇒ believe illness-misadventure affected performance in an exam or task
- ⇒ are seeking an extension of the due date for a task

Submit the form to:

- **Exams:** the Deputy Principal in charge of the exams.
- **Assessment Tasks:** the Head Teacher of the faculty responsible for the course

Student Name	Year <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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Exam or Task	Date of Task	Exam or Task	Date of Task

This appeal is to request:

- Reschedule Examination(s) or Task(s)
- An extension of the due date for the task
- Consideration in marking/ranking process

Student Statement [State the reason for Illness-Misadventure Appeal with *specific information* about how your performance was or may be affected.]

Student signature: _____ **Date this form submitted:** _____

Deputy Principal/Head Teacher Decision

Appeal upheld
 Task Rescheduled to:
 Appeal denied
 Extension of due date to:
 Consideration in the marking / ranking process
 Estimate

Comment / Conditions:

Signature: _____ Date: _____

Appeal to Principal requested Student Signature Date:

Principals Decision:

Signature _____ Date _____

This section of the form is for students to provide independent evidence of illness-misadventure. It is not sufficient for a medical practitioner to simply state that the student was unwell or "unfit for school". The evidence must state specifically how the illness or misadventure might affect performance in the exam or task. If your illness-misadventure appeal does not "fit into" the boxes below please attach other evidence or contact the DP or HT to discuss the matter.

The illness-misadventure process is designed to support individual students to achieve results that accurately reflect their ability and effort. The process must also ensure the integrity of school-based assessment for all students in each course. Accordingly, students must be aware that **this is an appeal form and there is no guarantee that the appeal will be upheld.**

Unlike the BOS illness-misadventure process for the HSC examination the school-based process does take into consideration the impact of illness-misadventure on student preparation for assessment tasks or examinations.

Independent evidence of illness: to be completed by a medical practitioner

Diagnosis of medical condition:		
Date of onset of illness:		
Date(s) and time(s) of all consultations/meetings relating to this illness:		
Please describe how the student's condition/symptoms could affect their examination performance. <i>(If the student was unable to attend an examination, it is essential that you provide full details in the space provided or on additional sheet(s) and attach them to the application.)</i>		
Any other comments or information which may assist in the assessment of the student's appeal. <i>(If there is not enough space, please attach additional sheet(s).)</i>		
Please note that any fee for providing this report is the responsibility of the student.		
Name of doctor or other health professional providing this information:		
Profession:	Place of work/organisation:	
Address:		
Contact phone:	Signed:	Date:

Independent evidence of misadventure: to be completed by a relevant person such as a police officer

Date of misadventure event:		
Were you a witness to the event? Yes / No		
If No how did you obtain the evidence you are providing?		
Are you known to the student? Yes / No If Yes, nature of relationship:		
Description of event:		
Name :		
Profession:	Place of work/organisation:	
Address		
Contact phone:	Signed:	Date: