

APPENDIX 1: Assessment Missed Due to Illness or Misadventure



Student Name:	Year:
Course Name:	Class:
	Class Teacher:

Task Details

Task Number:	Title:
Weighting:	Due: Term:____ Week:____ Day: M T W T F Date: _____

Details of Illness/Misadventure/Absence

First day of absence: Term:____ Week:____ Day: M T W T F Date: _____
Last day of absence: Term:____ Week:____ Day: M T W T F Date: _____
Reason for Absence: _____
Doctor's Certificate Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other supporting documentation

Student Signature: _____ Date: _____

Parent/Caregiver Signature: _____ Date: _____

RECOMMENDATION:

Teacher: <input type="checkbox"/> Hand in <input type="checkbox"/> Undertake task <input type="checkbox"/> Extension <input type="checkbox"/> Estimate <input type="checkbox"/> Zero mark <input type="checkbox"/> Percentage Loss
New Date: Term:____ Week:____ Day: M T W T F Date: _____
Reason: _____
Head Teacher: <input type="checkbox"/> Hand in <input type="checkbox"/> Undertake task <input type="checkbox"/> Extension <input type="checkbox"/> Estimate <input type="checkbox"/> Zero mark <input type="checkbox"/> Percentage Loss
[NB: Percentage Loss as per policy: Year 7 =10%/day late; Year 8 = 20%/day late; Year 9 = 25%/day late]
Agreed Date: <input type="checkbox"/> As per c/r/t recommendation OR Term:____ Week:____ Day: M T W T F Date: _____
Reason: _____

HT Name: _____ HT Signature: _____ Date: _____

DP Name: _____ DP Signature: _____ Date: _____

☐ Student copy

☐ Faculty copy

☐ Office copy

☐ Letter of concern